

Name

in
Full

Infant of Charles + Bertha Adams

CERTIFICATE OF DEATH

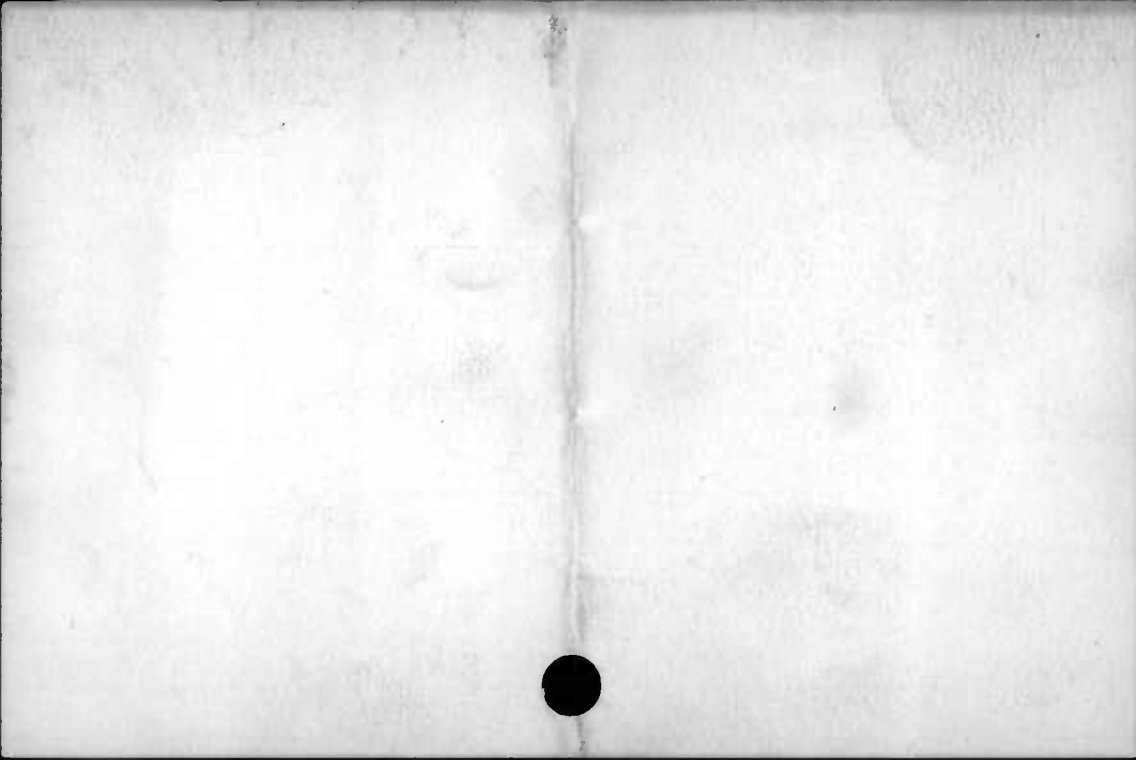
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Grange</i>		County <i>Baets.</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		<i>Sep.</i>	<i>4</i>	<i>White</i>			<i>20. Born</i>
Sex	<i>Male</i>	Color or Race		<i>White</i>		Birth-place	<i>Ma</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				<i>Charles Adams</i>		Father's Birthplace	<i>U.S.</i>
Mother's Maiden Name				<i>Bertha Backus</i>		Mother's Birthplace	<i>U.S.</i>
Name of person giving information				<i>Chas Adams</i>		How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>(S)</i>
Immediate	<i>Still Born</i>	How long	<i>(S)</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Mrs. Mary W. Taylor</i>	
		Address	
		<i>611 S. Peterson Ph. Ave.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

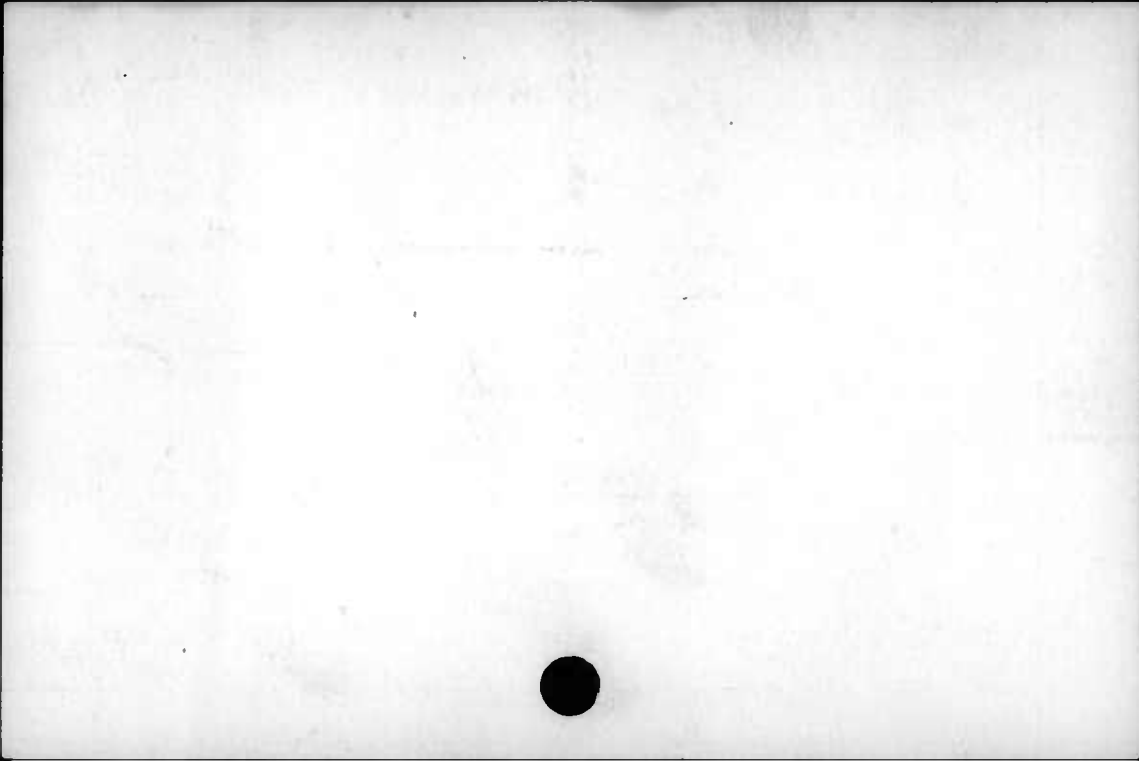
Died at <u>Leaksville</u> ^{Town} <u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>7</u> ^{Month} <u>Sept</u> ^{Day} <u>21</u> ^{Years} <u>43</u>	Age <u>43</u>		Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>	
Occupation <u>Painter</u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Link</u>		
Father's Name <u>Link</u>	Father's Birthplace <u>US</u>		
Mother's Maiden Name <u>Link</u>	Mother's Birthplace <u>Link</u>		
Name of person giving information <u> </u>	How related to deceased <u> </u>		

CAUSES OF DEATH

(67)

PHYSICIAN
OR CORONER

Primary <u>General Paresis</u>	How long <u>2 yrs.</u>
Immediate <u>Cerebral Effusion</u>	How long <u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Dr. J. M. ...</u>
<u>No.</u>	Address <u>Leaksville, Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

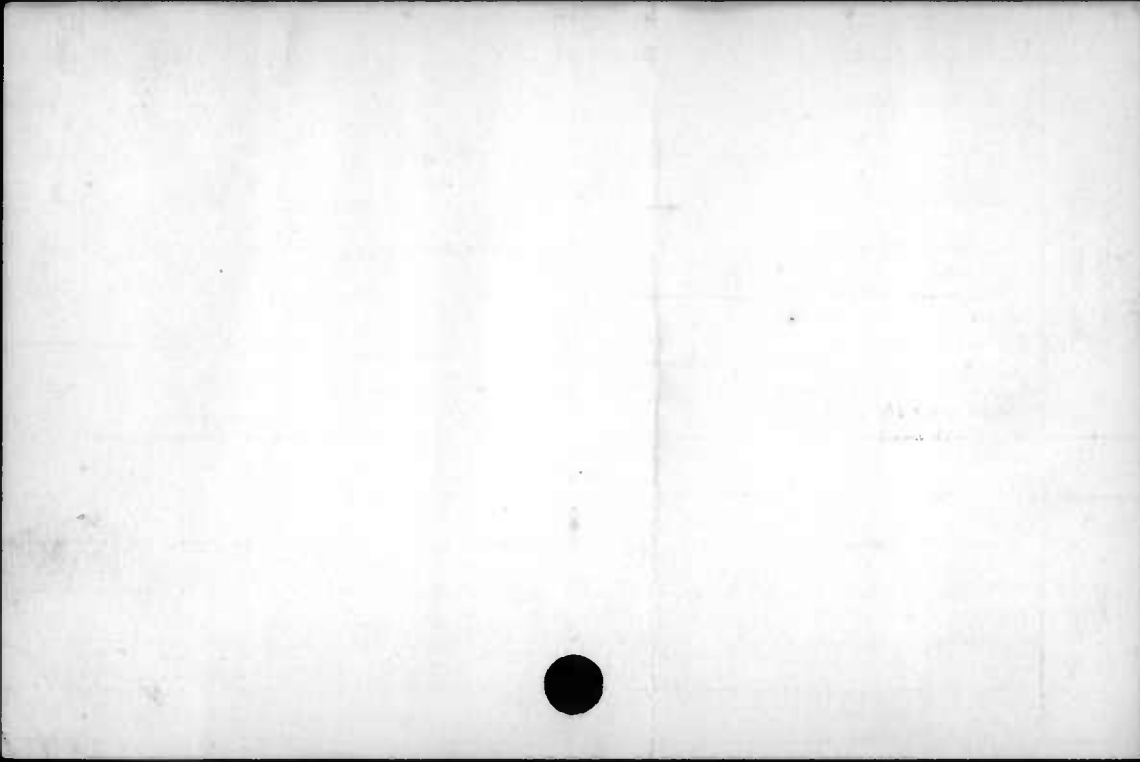
Died at <u>Annie's</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1907</u>	Month	<u>Sept</u>	Day	<u>5</u>
Age		<u>64</u>	Years	Months	Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>Hayward Near Heights</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Peter Alt</u>		
Father's Name	<u>Peter alt</u>	Father's Birthplace	<u>Germany</u>		
Mother's Maiden Name	<u>Mary Smith</u>	Mother's Birthplace	<u>Prussia</u>		
Name of person giving information	<u>George W alt</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

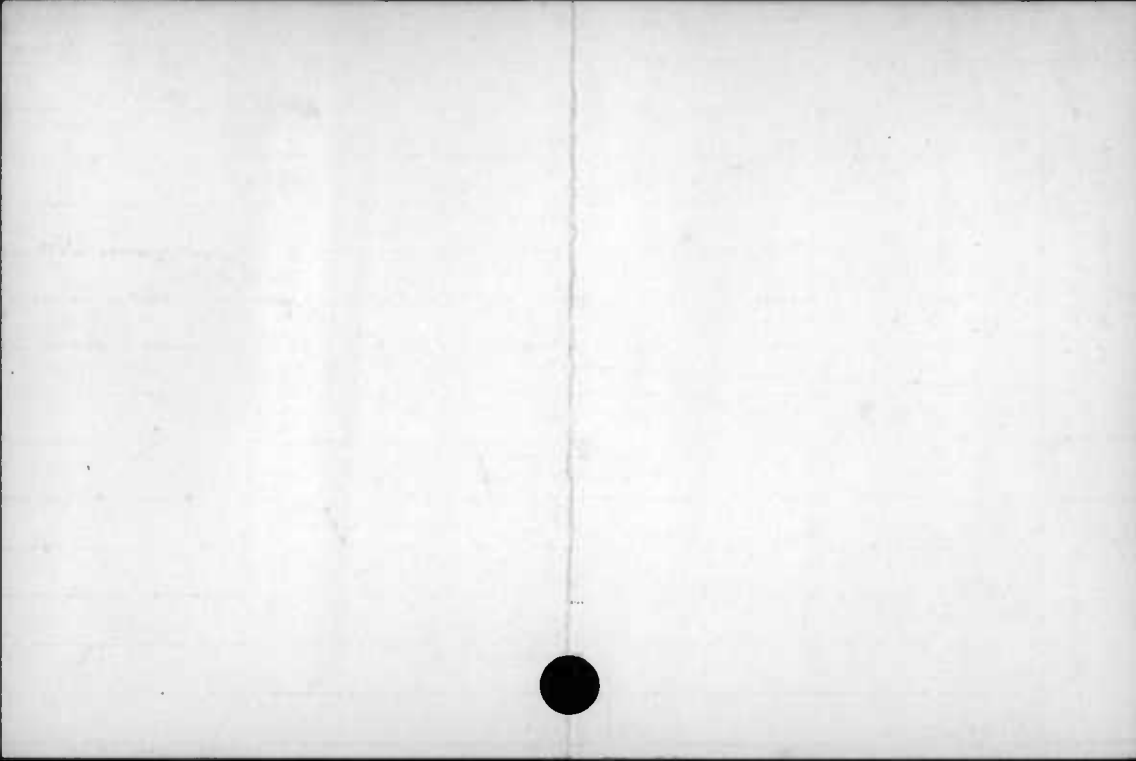
120

PHYSICIAN
OR CORONER

Primary	<u>Paralysis (Albuminuria)</u>	How long	<u>6 weeks</u>
Immediate	<u>Nervous Coma</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>M. L. Cox</u>	
		Address	
		<u>Arlington</u>	
Accident or Suicide?			



Name in Full Rachel Armacost		Town Trenton				County Balti.		CERTIFICATE OF DEATH	
Died at Trenton		Month 9		Day 2		Age 51		Months —	
Date of death 190 7		Month 9		Day 2		Age 51		Months —	
Sex Female		Color or Race White		Birth-place Md					
Married, Single or Widowed Married		Occupation Housewife							
Name of Wife or Husband Wesley Armacost									
Father's Name Unknown		Father's Birthplace Md							
Mother's Maiden Name Unknown		Mother's Birthplace Md							
Name of person giving information Wesley Armacost		How related to deceased Husband							
		CAUSES OF DEATH		Apoplexy					
Primary		(64)		How long					
Immediate				How long 48 hours					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician R C Wells					
				Address Hampstead Md.					
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hook</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Sept</i>	Day <i>12</i>	Years <i>29</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto City</i>		
Married, Single or Widowed			Occupation <i>Wife</i>		
Name of Wife or Husband <i>Clarence E. Arthur</i>					
Father's Name <i>Gene F. Gallows</i>			Father's Birthplace <i>Balto City</i>		
Mother's Maiden Name <i>Virginia S. Gallows</i>			Mother's Birthplace <i>New York</i>		
Name of person giving information <i>Virginia S. Gallows</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright Disease</i>	How long <i>5 months</i>
Immediate <i>Pregnant</i>	How long <i>not known</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Green</i>
	Address <i>Hittinge Md.</i>
Accident or Suicide?	



Name in Full		Isaac M. Bear				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Lawson		Balto		MARYLAND	
	Date of death	1907	Month Sept	Day 10	Years Age 34	Months 11	Days 11
	Sex	male		Color or Race	white		Birthplace
	Occupation	Wholesale drygoods		Where Residing if not at place of death		Wilmington, U.C.	
	Married, Single or Widowed	married		Name of Wife or Husband		Mrs Elias	
	Father's Name	Not known		Father's Birthplace		Not known	
	Mother's Maiden Name	Not known		Mother's Birthplace		Not known	
Name of person giving information	W.P. Duntou, Jr		How related to deceased		None		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">27</div>							
PHYSICIAN OR CORONER	Primary	Miliary tuberculosis				How long	6-8 yrs
	Immediate	Exhaustion				How long	1-2 mos
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W.P. Duntou, Jr
	Accident or Suicide?		No.		Address		Lawson, Md

Henry H. Jenkins Sons Co
Arlington N.C.

Name
In
Full

Infant of Martin & Mary Beer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Sept.</i> ^{Day}	<i>10</i> ^{Age}	<i>—</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto. Co.</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>105 S. Clinton St.</i>			
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Martin Beer</i>			<i>(S)</i>	Father's Birthplace <i>Balto.</i>
Mother's Maiden Name	<i>Mary Weber</i>				Mother's Birthplace <i>u u</i>
Name of person giving information	<i>Mary Beer</i>				How related to deceased <i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	<i>(S)</i>	How long	<i>—</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	Signature of Physician <i>Mrs. K. Kley Midwife</i>	
			Address <i>2224 E. Lombard St.</i>	
Accident or Suicide?				

W. Carmel Lem.
~~Leinster~~
Henry & Son

9/11/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bees Creek.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907 Sept</i>		Month <i>22</i>	Day <i>22</i>	Age <i>16</i>	Years <i>16</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto city Md</i>	
Occupation <i>Can maker</i>		Where Residing if not at place of death <i>701 Rose st Balto city Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Not married</i>			
Father's Name <i>August Behnke</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Stouffish</i>		Mother's Birthplace <i>Balt, Md</i>			
Name of person giving information <i>August Behnke</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Accidental drowning</i>	How long	<i>—</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of <i>David A. Thompson</i>	
		Address <i>1500 Highland Ave, Baltimore County Md</i>	
Accident or Suicide? <i>Accident</i>			

Mr. Samuel
H. Lord & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Gottfried Kils Berg*
Died at *Lutherville* Town *Baltimore* County
Date of death *1907 Sept 24* Month *Sept* Day *24* Age *1* Years *1* Months *2* Days *14*
Sex *Male* Color or Race *White* Birth-place *VA*
Occupation *-* Where Residing if not at place of death *-*
Married, Single or Widowed *Single* Name of Wife or Husband *-*
Father's Name *Kils Charles Berg* Father's Birthplace *Sweden*
Mother's Maiden Name *May M. Schenck* Mother's Birthplace *Germany*
Name of person giving information *May M. Berg* How related to deceased *Mother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Illeceolitis acuta* How long *Three weeks*
Immediate *Inflamed Intestine* How long *Four weeks*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. L. Smith*
Address *Rider, Md.*
Accident or Suicide? *-*

Geo J Smith Esq
1000. H Fayette st
London Park
L

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

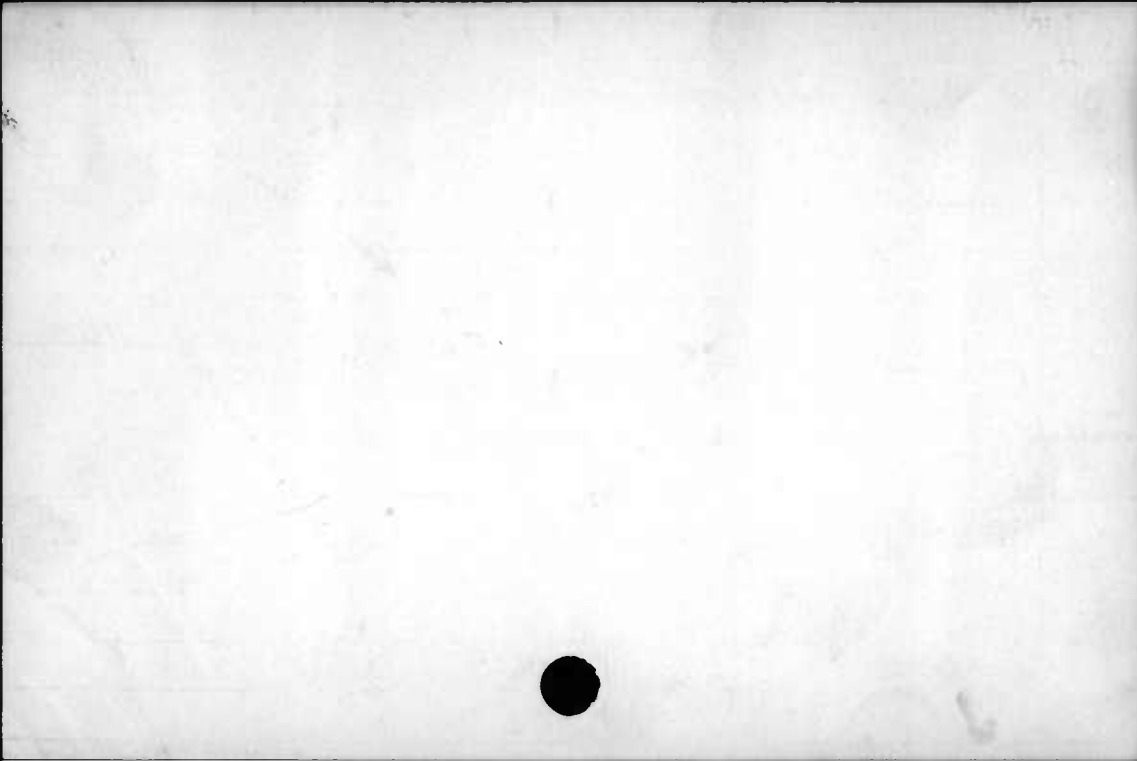
Died at <i>Spinnis Point</i>		County <i>Baltimore</i>		MARYLAND			
Date of death	1907	Month <i>Sept</i>	Day <i>11</i>	Age	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Spinnis Point</i>
Occupation	<i>Miner</i>			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>Paul Berowski</i>			Father's Birthplace			<i>Conatidia</i>
Mother's Maiden Name	<i>Mary Perovich</i>			Mother's Birthplace			<i>Conatidia</i>
Name of person giving information	<i>Paul Berowski</i>			How related to deceased			<i>Father</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 wks</i>
Immediate	<i>Pneumonia</i>	How long	<i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. C. Ebleck M.D.</i>
		Address	<i>Spinnis Point</i>
Accident or Suicide?	<i>No</i>		<i>Med</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leatonville</i> ^{Town}		<i>Ortelle</i> ^{County}		MARYLAND	
Date of death	1907	Month	Sept	Day	4
Age	30	Years		Months	
Sex	Male	Color or Race	White	Birth place	Ind.
Occupation	None		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	Single	Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name	Julius Blanpner			Father's Birthplace	Mayland
Mother's Maiden Name	Pauline Kense			Mother's Birthplace	Germany
Name of person giving information	George C. Dancker			How related to deceased	Bro-in-law

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

Primary	<i>Epileptic Insanity</i>	How long	<i>20 yrs.</i>
Immediate	<i>Status Epilepticus</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Percy Wade</i>
		Address	<i>Leatonville, Ind.</i>
Accident or Suicide?	<i>No</i>		

London Park.

Sept. 6th 1907

Wm Cook

Undertaken

North of Government
Ave

—

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at *Phoenix* Town

County
Baltimore Co

MARYLAND

Date of death 1907	Month Sept
------------------------------	----------------------

Day
28

Age	Years
67	

Months

Days
5

Sex *Female*

Color or Race *White*

Birth-place *Baltimore Md*

Occupation Home

Where Residing if not
at place of death *Chesapeake Beach, Md.*

Married, Single or Widowed *Widow*

Name of Wife or Husband *Mrs. B. B. B. B.*

Father's Name Harry D. Mann

Father's Birthplace *Belgium*

Mother's
Maiden Name Lucas J. Gahr

Mother's Birthplace *Baltimore*

Name of person giving information *Quinn Martin*

How related to deceased

CAUSES OF DEATH

64

Primary *Cerebral Penetration*

How long *ranges*

Immediate Paralysis!

5. any

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician *W. E. Bush*

Address Backusville Md

Accident or Suicide?

Internment at Bynelani
Coast 1st 11

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John. Brogden.

Died at *Baltimore County*

County

MARYLAND

Date of death *1907 September 9*

Month

Day

Age *35* Years

Months

Days

Sex *Male.*Color or
Race*Colored*Birth-
place*New Port News Va*

Occupation

*Labour.*Where Residing if not
at place of death*at Place of death*Married, Single
or Widowed*Married*Name of Wife or
Husband*Don't know*Father's
Name*Don't know*Father's
Birthplace*Don't know*Mother's
Maiden Name*Don't know*Mother's
Birthplace*Don't know*Name of person giving
information*John H. Read*How related
to deceased*Not related*

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

David A. Thompson
1520 Edgeland Ave
Baltimore County Md

Accident or Suicide?

X

Oleis Hare,
John W. Hare
School

Name
in
Full

Ada Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monroe Park</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>9</i>	Day <i>21</i>	Age <i>1</i>	Years <i>2</i> Months <i>19</i> Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Monroe Park</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Chas F. Brown</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Florence Perdue</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Chas F. Brown</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>8 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Hall</i>
	Address <i>W. B. Hall</i>
Accident or Suicide?	

N. S. Fink

M. Oliver

Name
in
Full

Edward O. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Catonsville</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	15
Age	44	Years		Months	
Sex	male	Color or Race	white	Birth-place	Balto-Md
Occupation	none	Where Residing if not at place of death <i>1422 W. Lafayette</i>			
Married, Single or Widowed	Single	Name of Wife or Husband	<i>Mary A. Brown</i>		
Father's Name	<i>Franklin Brown</i>			Father's Birthplace	<i>Balto-Md</i>
Mother's Maiden Name	<i>Amanda Greentree</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Mary A. Brown</i>			How related to deceased	<i>wife</i>

CAUSES OF DEATH

(67)

PHYSICIAN
OR CORONER

Primary	<i>General Paresis</i>	How long	<i>3 weeks</i>
Immediate	<i>Epileptiform seizure</i>	How long	<i>15 min.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Percy Ward M.D.</i>
		Address	<i>Md. Hospital for Insane Catonsville Md</i>
Accident or Suicide?	<i>No</i>		

Removed
1422 W Lafayette

Wm Cook
302 E North Ave

Name
in
Full

Crown E. Alexander Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

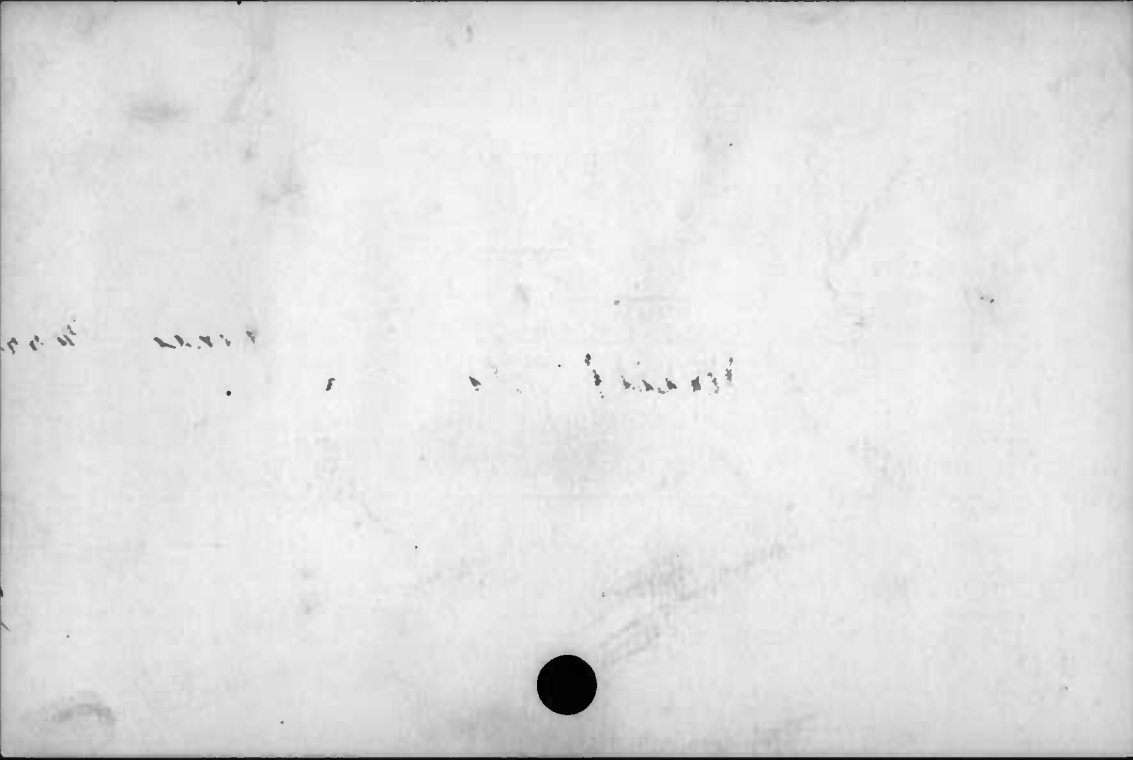
Died at <u>Saint George</u> ^{Town} <u>Baltimore</u> ^{County} <u>MARYLAND</u>	
Date of death <u>1901</u> <u>September</u> ^{Month} <u>Sunday</u> ^{Day} <u>Age</u> <u>and a month</u> ^{Years} <u>3</u> ^{Months} <u>4</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>Colored American</u>
Birthplace <u>Baltimore</u>	Occupation <u>Washing and ironing</u>
Where Residing if not at place of death	Married, Single or Widowed <u>married</u>
Name of Wife or Husband <u>Hattie Brown</u>	Father's Name <u>Morton Brown.</u>
Father's Birthplace <u>Baltimore</u>	Mother's Maiden Name <u>Hattie Fletcher</u>
Mother's Birthplace <u>West River</u>	Name of person giving information <u>Hattie Brown</u>
How related to deceased <u>earn brought cold.</u>	

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary <u>Typhoid</u>	How long
Immediate <u>Cholera Infantum</u>	How long <u>about one month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Dr. White</u>
	Address <u>Glyndon, Md.</u>
Accident or Suicide?	



Name
in
Full

Linwood Bull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sparrows Point* ^{Town} *Balto.* ^{County}

Date of death *1907* ^{Month} *Sept.* ^{Day} *20* ^{Years} *16* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Motorman on car* Where Residing if not at place of death *Sparrows Point*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Bull* Father's Birthplace *Md.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Md.*

Name of person giving information *Joe Blaw* How related to deceased *None*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Run over by trolley car

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

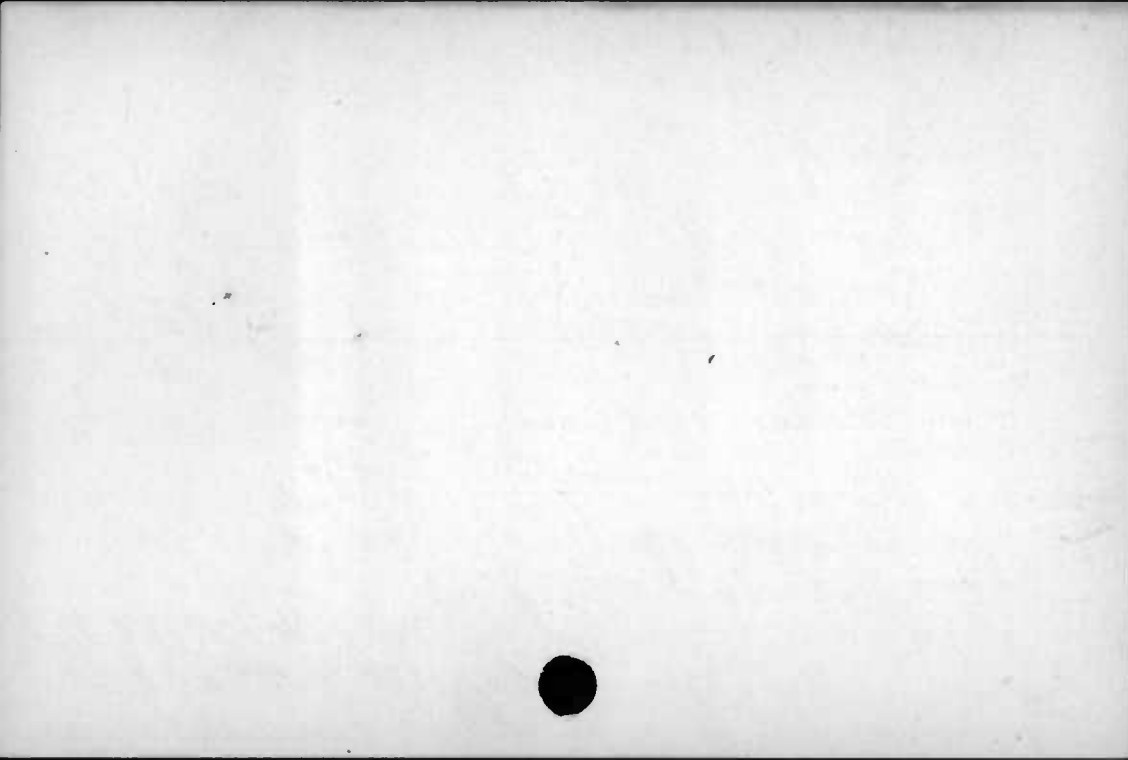
Accident or Suicide?

Accident

Joe Blaw (Cowan)

Sparrows Point

Md.



Name
in
Full

Miriam F. W. Bunce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	7	9	9	Age	1
Sex		Female		Color or Race		White	
Occupation		none		Where Residing if not at place of death		Phila Road	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		John S. Bunce		Father's Birthplace		Balt	
Mother's Maiden Name		Lorca E. Brown		Mother's Birthplace		—	
Name of person giving information		John S. Bunce		How related to deceased		Father	

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 days
Immediate	Convulsions	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. L. Scales	
Address		314 E. Balt St Highlandtown	
Accident or Suicide?		No	

Oak Lawn

Herrig Spr

Name
in
Full

Charles A Burkhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Towm		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		9	24	Age	1	16	
Sex		Color or Race		Birth-place			
Male		White		Hyblenham			
Occupation		Where Residing if not at place of death					
none		1016 3 rd St.					
Married, Single or Widowed		Name of Wife or Husband					
Fether's Name		Father's Birthplace					
Paul Burkhardt		Bark					
Mother's Maiden Name		Mother's Birthplace					
Josephine E Burkhardt		Bark					
Name of person giving information		How related to deceased					
Lillian		Daughter					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	Ten days
Immediate	Congestion Lungs		How long	Ten hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		O. H. Ganney M.D.		
		Address		
		304 Bond St. Bk		
Accident or Suicide?				

Wernig & Sons
Sacred Heart Cemetery

Name
in
Full

Infant of Mr & Mrs J. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Bullo. Co.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Hours Days
1907		9	2				9
Sex		Color or Race		Birth-place			
Male		white		Md.			
Occupation				Where Residing if not at place of death			
None				907 First St.,			
Married, Single or Widowed		Name of Wife or Husband					
Single		Name					
Father's Name				Father's Birthplace			
James Clark				D.C.			
Mother's Maiden Name				Mother's Birthplace			
Lulu O'Neal				Md.			
Name of person giving information				How related to deceased			
James Clark				Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary		Premature Birth		How long	
Immediate		Convulsions		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				R. L. Campbell M.D.	
				Address	
				1644 Hancock St.	
				Bullo.	
Accident or Suicida?					



Name
in
Full

Ella M Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oella</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1907	Month	Sept	Day	5
Age		Years	56	Months	4
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	James M Clements		
Father's Name	James Bryan		Father's Birthplace	MD	
Mother's Maiden Name	Caroline Myers		Mother's Birthplace	MD	
Name of person giving information	James M Clements		How related to deceased	Husband	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Cancer of uterus.	How long	6 weeks
Immediate	Suppression of urine	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Mr. M. B. Rogers MD	
Address		11400 1st St MD	
Accident or Suicide?		no	

Eastons & Sons
Cella. Genatay

Name
in
Full

Robt. Lee Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Garrison Point		County Bald.		MARYLAND	
Date of death	1907	Month Sept.	Day 29	Age	Years	Months 2	Days 17
Sex	Male		Color or Race	Negro		Birth- place	Bald Co.
Occupation	Infant			Where Residing if not at place of death		Garrison Point.	
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	John L. Coleman					Father's Birthplace	N. C.
Mother's Maiden Name	Maryant Thornton					Mother's Birthplace	Va.
Name of person giving In formation	John L. Coleman					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart trouble

(79)

How long

Immediate

Natural Cause

How long

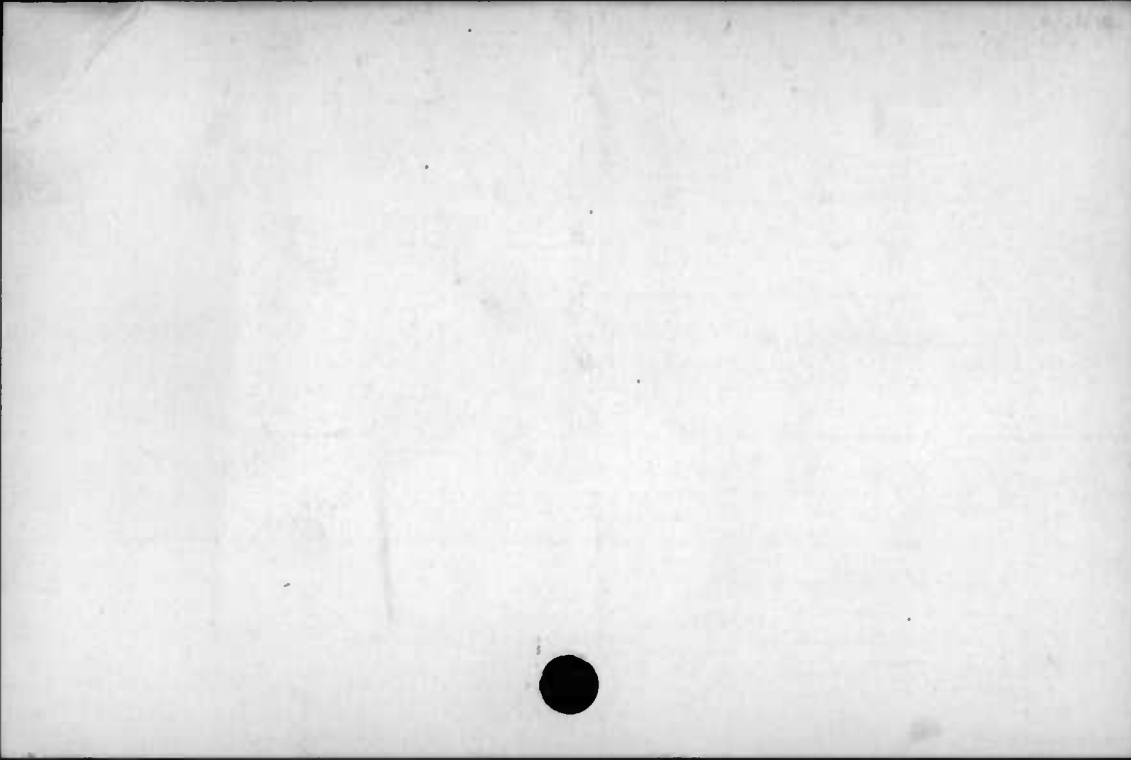
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Joe Blair (Crown)
Garrison Point
Md

Accident Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Clarence E. Ballus

Town

County

Died at

B Morrell Park Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

9

28

Age

3

Sex

Male

Color or
Race

white

Birth-
place

Baltimore County

Occupation

Iron

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Geo. W. Collins

Father's
Birthplace

Baltimore Md.

Mother's
Maiden Name

Mollie V. Smith

Mother's
Birthplace

, ,

Name of person giving
Information

Geo. W. Collins

How related
to deceased

father

CAUSES OF DEATH

179

Primary

Insanition

How long

2 months.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

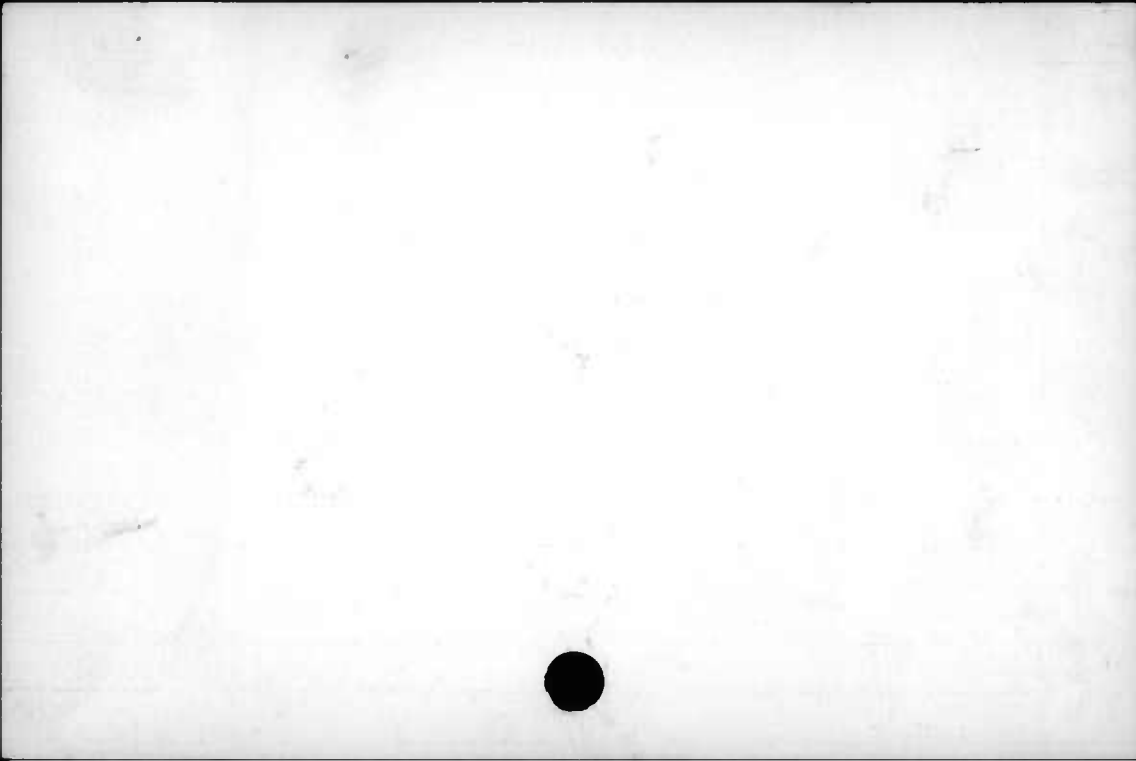
J. M. Lumpkin

Address

602 A Pa. St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George R. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town 214 Hudson St. Bk.		County Baltimore		MARYLAND	
Date of death		Month 1907	Day 1	Age	Years	Months 4	Days
Sex Male		Color or Race White		Birthplace Ma			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Alfred Collins		Father's Birthplace Md					
Mother's Maiden Name Dora Norris		Mother's Birthplace "					
Name of person giving information Alfred Collins		How related to deceased father					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Congenital debility		How long	Life
Immediate	Bronchopneumonia		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician H. L. Beckard	
			Address 910 S. Canton St. Baltimore, Md	
Accident or Suicide?		No		

Dr. Record
London Pass.

Name
in
Full

Infant of Louis and Carrie Councilman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	^{Month} <i>Sept.</i>	^{Day} <i>29</i>	^{Years} <i>Age</i>	^{Months} <i>14</i> ^{Days} <i>hours</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Baltimore</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Louis Councilman</i>			Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Carrie Hachmann</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Louis Councilman</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>—</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. M. Thee</i>	
		Address	
		<i>2 Hudson St E, Md</i>	
Accident or Suicide?			
<i>—</i>			

H Sanders & Sons
Att. Carmel County

Name
in
Full

Eager, F. Crosbie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Guanacaste.</i>		County <i>Balta. C.</i>		MARYLAND	
Date of death 190		Month <i>Sept.</i>	Day <i>2</i>	Age <i>53</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Retired</i>					
Name of Wife or Husband <i>Catherine Crosbie</i>							
Father's Name <i>Thomas Crosbie</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Catherine Mc Cabe</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Emma Keefe</i>		How related to deceased <i>Daughter.</i>					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Hepatic cirrhosis & dropsy</i>		How long	<i>6 months</i>
Immediate	<i>Cardiac Insufficiency</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>S. K. Wautz MD</i>	
			Address <i>766 3rd Ave</i>	
Accident or Suicide?				

Henry Hoek & Son
New Cathedral Cemetery

Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Baltimore		County		MARYLAND		
	Date of death		1907	Month Sept.	Day 28	Years 26	Months 11	Days 14	
	Sex		Male		Color or Race		White	Birth- place	Ireland
	Occupation				Where Residing if not at place of death				
	Married, Single or Widowed				Name of Wife or Husband				
	Father's Name				Father's Birthplace				
PHYSICIAN OR CORONER	Mother's Maiden Name				Mother's Birthplace				
	Name of person giving In formation				How related to deceased				
	CAUSES OF DEATH				(27)				
	Primary				How long				
Immediate				How long					
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
Accident or Suicide?				Address					

Cathedral Cemetery

F. A. Krause & Pro.

Name
in
Full

Francis Dasserler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

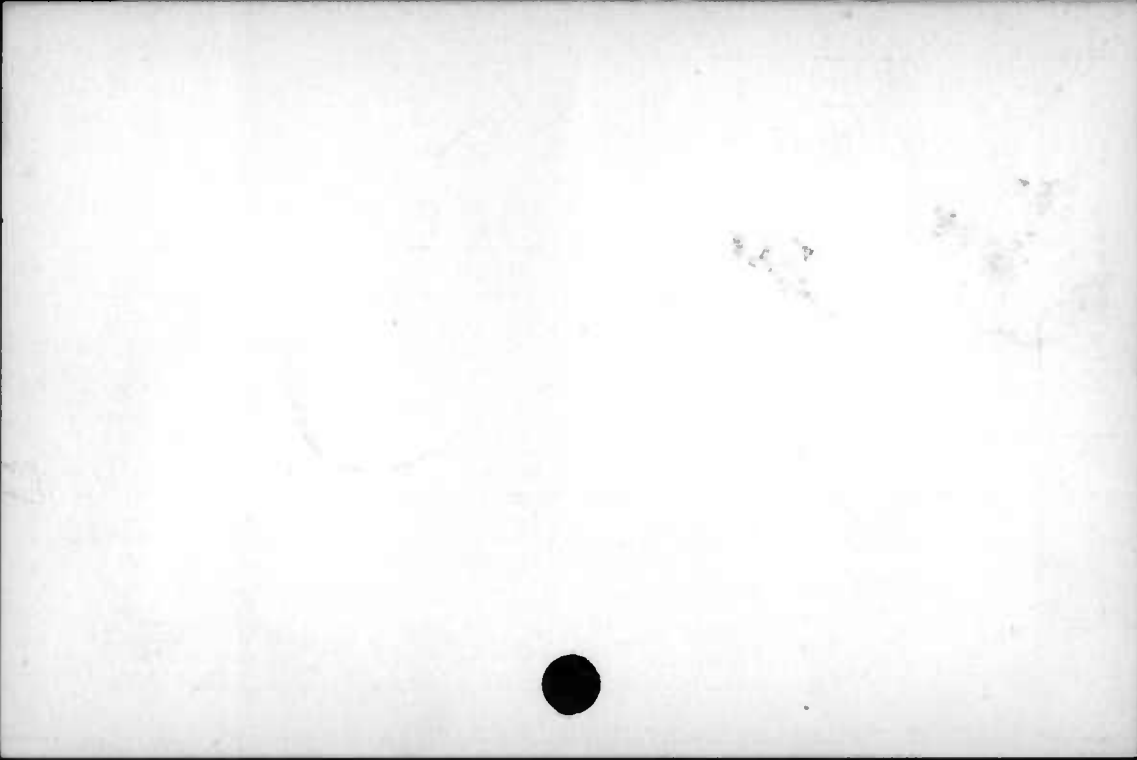
Died at <i>Baltimore Co</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>17th</i>	Age <i>19</i>	Months <i>10</i>	Days
Sex <i>F.</i>	Color or Race <i>W.</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Homeworks</i>	Where Residing if not at place of death <i>701 East Ave</i>				
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband			
Father's Name <i>Louis</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Francis Bunschowsky</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Undertaker</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Dyspnoea J. B.</i>	How long <i>about 2 yrs</i>
Immediate <i>Asthma</i>	How long <i>about 1 mt</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. L. Burke MD.</i>
<i>[Signature]</i>	Address <i>3042 Hudson St.</i>
Accident or Suicide?	



Name
in
Full

Henry C. Debilius

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Orangetown</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	<u>Sept</u> ^{Month}	<u>9th</u> ^{Day}	Age <u>—</u> ^{Years}	<u>8</u> ^{Months} <u>17</u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Birth-place	<u>Balto Co.</u>				
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Henry Debilius</u>			Father's Birthplace	<u>Balto Co.</u>
Mother's Maiden Name	<u>Mildred Hall</u>			Mother's Birthplace	<u>Balto Co.</u>
Name of person giving information	<u>Henry Debilius</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera</u>	How long	<u>2 weeks</u>
Immediate	<u>Meningitis</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. E. Schufeldt</u>	
		Address	
		<u>1400 Fulkerson</u>	
Accident or Suicide? <u>—</u>			

Oak Lawn Cemetery
Sept. 11th 1907

Germanus France
Undertaker.

Name
in
Full

Frederick Ditttrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at 218 Foster Ave. Highland Baltimore County

Date of death 1907 September 28 Age 30 years Months 7 Days 18

Sex Male Color or Race White Birth-place Balto. City

Occupation Where Residing if not at place of death 218 Foster Ave. Highlandtown

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Ditttrich

Father's Name George Ditttrich Father's Birthplace Germany

Mother's Maiden Name Margaret Nichol Mother's Birthplace do

Name of person giving Information Elizabeth Ditttrich How related to deceased Wife

CAUSES OF DEATH

Primary Pthisis Florida 27 How long 21 days
Immediate Exhaustion How long 1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Franc G. Dausch
121, Jackson Square

Accident or Suicide?

Henry. Hooks and

Holy Redeemer Cemetery

Name
in
Full

Edwin Warfield Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Spring Garden (Westport)</i>		County <i>Belt</i>		MARYLAND	
Date of death	1907	Month	Sept.	Day	14	Age	X
Sex	male		Color or Race	Black		Months	X
Occupation	Infant		Birth-place	Belt Co. Md.			
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Charles Dixon				Father's Birthplace	
Mother's Maiden Name		Georgianna Powell				Mother's Birthplace	
Name of person giving information		Chas. Dixon				How related to deceased	
						father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tetanus</i>	How long	<i>3 days</i>
Immediate	<i>Convulsions</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank H. Ruhl	
Address		Lansdowns Belt Md.	
Accident or Suicide?			

Gen. Hooper

West Auburn Cemetery

Name
in
Full

Anna Rosa Daelfel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>16th St NW, 1st Ave.</i>		Town <i>Am.</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>20</i>	Age <i>64</i>	Years <i>64</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Dairy</i>			Where Residing if not at place of death <i>at place of death.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John George Daelfel</i>						
Father's Name <i>Don't know</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mr John Daelfel Son</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long <i>2 yrs.</i>
Immediate	<i>Cardiac Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. F. Rice</i>
		Address <i>213 S. Bond St Balto.</i>
Accident or Suicide? <i>[Signature]</i>		

J. C. Schuch & Son
Mt Carmel Cnty

Name
in
Full

Brother Dominic - Patrick O'Connell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *St Marys Industrial School* ^{County} *Balto Co*Date of death *1907* ^{Month} *Sept.*^{Day} *14* ^{Years} *68.* ^{Months} *—* ^{Days} *—*Sex *Male.*Color or Race *white*Birth-place *Rock. Chapel -
County Cork, Ireland*Occupation *Provincial of Maimin Brothers* <sup>Where Residing if not
at place of Birth</sup>Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Matthias O'Connell*Father's Birthplace *Ireland*Mother's Maiden Name *Catherine Murphy*Mother's Birthplace *Ireland.*Name of person giving information *A H Fayton, M.D.*

How related to deceased

CAUSES OF DEATH

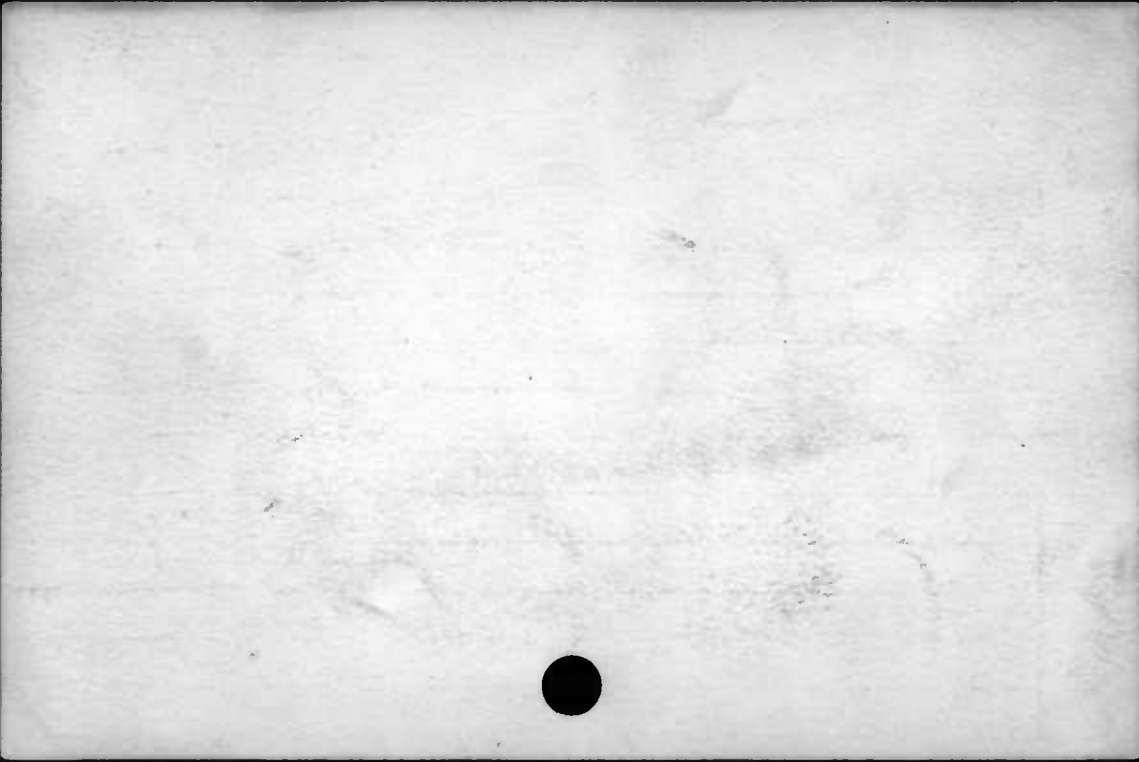
64

PHYSICIAN
OR CORONERPrimary *Cerebral Hemorrhage*How long *5-hours*Immediate *apoplexy*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *A H Fayton M.D.*Address *1136 W. Lexington St
Physician for School*

Accident or Suicide?



Name in Full		Elizabth Tyler Donaldson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Mt. Washington</i>		County <i>Baltimore</i>		MARYLAND	
		Date of death <i>1907</i>		Month <i>September</i>		Day <i>Eighth</i>	
		Age <i>78</i>		Years <i>6</i>		Months <i>15</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Prince George Co., Maryland</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at her home at Mt. Washington Baltimore Co., Md.</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Samuel C. Donaldson</i>					
Father's Name <i>Freeman Belt</i>		Father's Birthplace <i>Prince George Co., Maryland</i>					
Mother's Maiden Name <i>Elizabth Ann Ross</i>		Mother's Birthplace <i>Prince George Co., Maryland</i>					
Name of person giving information <i>Randle Moore Belt</i>		How related to deceased <i>nephew</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(81)</div>							
PHYSICIAN OR CORONER		Primary <i>Arterio-sclerosis</i>		How long <i>about 2 years</i>			
		Immediate <i>Asthemia</i>		How long <i>two months</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>William J. Ford</i>			
				Address <i>Mt Washington Md</i>			
		Accident or Suicide?					

Henry. W. Jenkins & Sons Co
Funeral Directors
300 Madison St.

Place of Burial

Greenmount

Tuesday Sept 10th/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hannett Rebecca Dorsey

Died at <i>Philadelpia</i> <small>Town</small>		<i>Balto co.</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small>	<i>9</i> <small>Day</small>	<i>1st</i> <small>Age</small>	<i>20</i> <small>Years</small>	<i>one</i> <small>Months</small>	<i>20</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Fatherville</i>			
Occupation <i>house wife</i>		Where Residing if not at place of death			
Married, Yes or Widowed	Name of Wife or Husband <i>John James Dorsey</i>				
Father's Name <i>John H. Madden</i>	Father's Birthplace <i>Balto Co</i>		Mother's Birthplace <i>Balto Co</i>		
Mother's Maiden Name <i>Fannie J. Isles</i>	Name of person giving information <i>Fannie Madden</i>		How related to deceased <i>Mother</i>		

CAUSES OF DEATH

(94)

PHYSICIAN
OR CORONER

Primary <i>serofibinous pleurisy</i>	How long <i>8 weeks</i>
Immediate <i>Empyema</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. M. Thompson M.D.</i>
	Address <i>Slonimore Ind</i>
Accident or Suicide?	

Internment at
Stevenson Chapple
Sep 3rd ..

M. C. Brooks

Name
in
Full

Adolph Dourn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Wilhelm Park		Baltimore		Baltimore	
Date of death	1907	Month	9	Day	30
Age		Years		Months	
17		17		—	
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Blacksmith		Where Residing if not at place of death		
116 Millington Lane		Married, Single or Widowed			
Single		Name of Wife or Husband			
Unknown		Father's Name			
Unknown		Father's Birthplace			
Unknown		Mother's Name			
Unknown		Mother's Birthplace			
Name of person giving information		How related to deceased			
George Kleinhenn		Cousin			

CAUSES OF DEATH

(159)

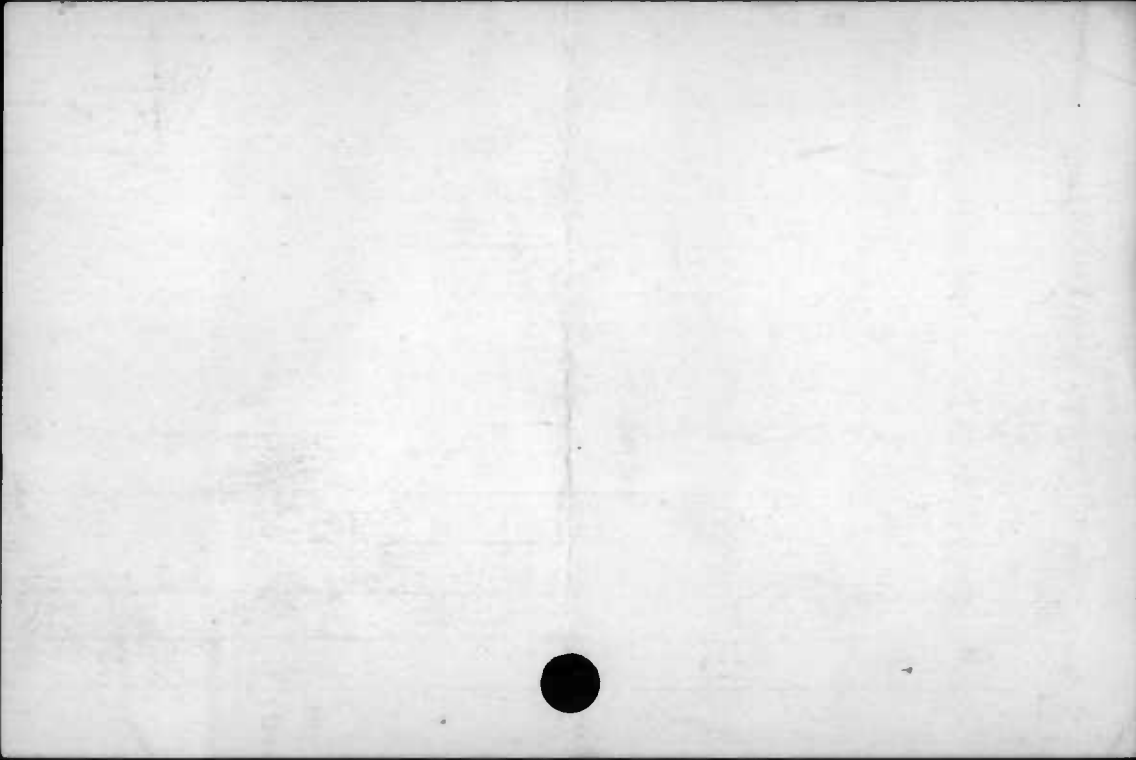
PHYSICIAN
OR CORONER

Primary	Pistol shot wound	How long	—
Immediate	Shot in Brain	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		August W. Miller, Coroner	
Address		M. W. Wians	
Accident or Suicide?		Suicide	
		Baltimore County Md.	

Geo Smith

Lonsdale Park

Name in Full		Certificate of Death			
Leroy Downey		BALTO			
Died at		BALTO			
Date of death		1907			
Month		9			
Day		6			
Age		Years			
Sex		Male			
Color or Race		Colored			
Occupation		Infant			
Where Residing if not at place of death		BALTO Co. Md			
Married, Single or Widowed		Single			
Name of Wife or Husband		William Downey			
Father's Name		Mother's Birthplace			
Mother's Maiden Name		Md			
Name of person giving information		Mary Downey			
How related to deceased		Mother			
CAUSES OF DEATH		179			
Primary		Inanition			
Immediate		Exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Yes			
Accident or Suicide?		No			
Signature of Physician or Coroner		August W. Miller			
Address		Mt Wmains			
		BALTO Co. Md			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	Multiple Neuritis	How long	with same came here in 1904
Immediate	Paralysis of muscles of deglutition	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. T. C. Bussey	
		Address	
		Texas	
		Md	
Accident or Suicide?			



Name
in
Full

William R. Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rusheburg</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1904	Month	9	Day	4
Age	18		Years	3	Months
Sex	Male		Color or Race	White	
Occupation	None		Birth-place	Balt. Co Md	
Where Residing if not at place of death			Rusheburg Balt. Co		
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	John T. Elliott		Father's Birthplace	Md.	
Mother's Maiden Name	Gertrude B. Robinson		Mother's Birthplace	Md	
Name of person giving information	John T. Elliott		How related to deceased	Father	

CAUSES OF DEATH

1105

PHYSICIAN
OR CORONER

Primary	<u>Gastro Enteritis</u>	How long	<u>17 days</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>Wm. R. For</u>	
Address		<u>836 W. North Ave</u> <u>Balt. Md</u>	
Accident or Suicide?		No	

Albert E. Fuller
Mt. Carmel Cemetery

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town <i>Heighlan</i>		County <i>Balt</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1901		9	9	48			
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Balt</i>
Occupation	<i>Plasterer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>none</i>				
Father's Name	<i>John G. Endreps</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Batary, L. Berwin</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>(Sister) M. Myer</i>				How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

79

Primary	<i>Paralysis of Heart</i>	How long	<i>few hours</i>
Immediate	<i>congestive</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>E. W. Lannay MD</i>	
Address		<i>304 Bank of Eng</i>	
Accident or Suicide?			

Mt. Carmel

Aug. 11, 1907.

Zirkler & Zirkler

Name
in
Full

Bessie Enson

CERTIFICATE OF DEATH

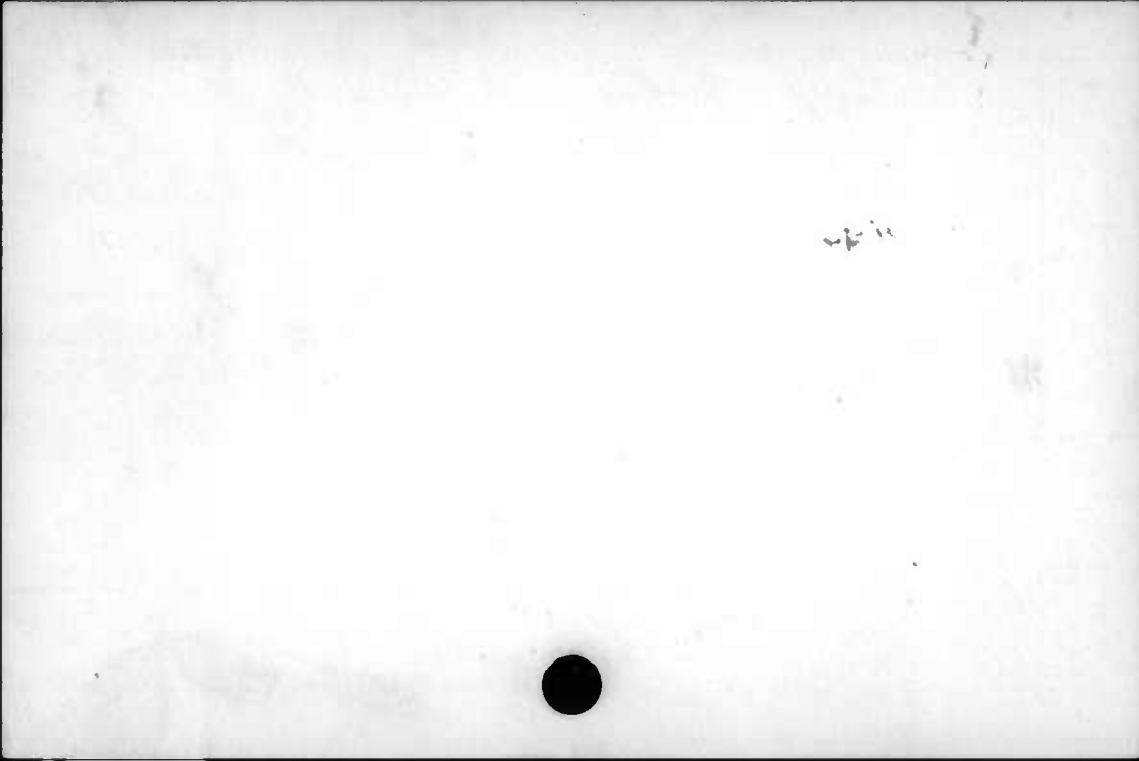
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crivings Mills</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Balto co Md</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles Enson</i>	Father's Birthplace <i>Balto co Md</i>				
Mother's Maiden Name <i>Hellen Beck</i>	Mother's Birthplace <i>Balto co Md</i>				
Name of person giving information <i>Martin Beck</i>	How related to deceased <i>Grand Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<i>179</i>	How long <i>about 30 months</i>
Immediate <i>Heart failure</i>		How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Campbell</i>	
	Address <i>Crivings Mills Md</i>	
Accident or Suicide? <i>9</i>		



Name
in
Full

Catherine Essig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montebello</i> ^{Town} <i>Hillen Road</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>September</i>	Day <i>22nd</i>
		Age <i>35</i>	Years <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Montebello Hillen Rd</i>	Months <i>7</i>
Occupation <i>Farm hand</i>	Where Residing if not at place of death <i>_____</i>		
Married Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>		
Father's Name <i>Andrew W Essig</i>	Father's Birthplace <i>Philadelphia</i>		
Mother's Maiden Name <i>Margaret Lambrecht</i>	Mother's Birthplace <i>Bolton Co Md</i>		
Name of person giving information <i>Charles Essig</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	(27)	How long <i>12 mos</i>
Immediate <i>Exhaustion</i>		How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Duncan</i>	<i>md</i>
<i>J</i>	Address <i>Gorantown</i>	
Accident or Suicide?		

George Schelling & Sons
Funeral Directors

Place of Burial Essig Family Cemetery
Hillen Road above Montebello

Name
in
Full

Clarence R. Evans Jr. =

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Montgomery ave. Forest Park. Balto.*

Date

Month

Day

Years

Months

Days

of death *1907 Sept.**27*

Age

2

Sex

*male*Color or
Race*white*Birth-
place*Balto. Co. Md.*

Occupation

Where Residing if not
at place of death*at Residence*Married, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Clarence R. Evans.*Father's
Birthplace*Md.*Mother's
Maiden Name*Lora Loris*Mother's
Birthplace*Md.*Name of person giving
information*Clarence R. Evans*How related
to deceased*Father*

CAUSES OF DEATH

195

Primary

Congestion Lungs

How long

46-

Immediate

How long

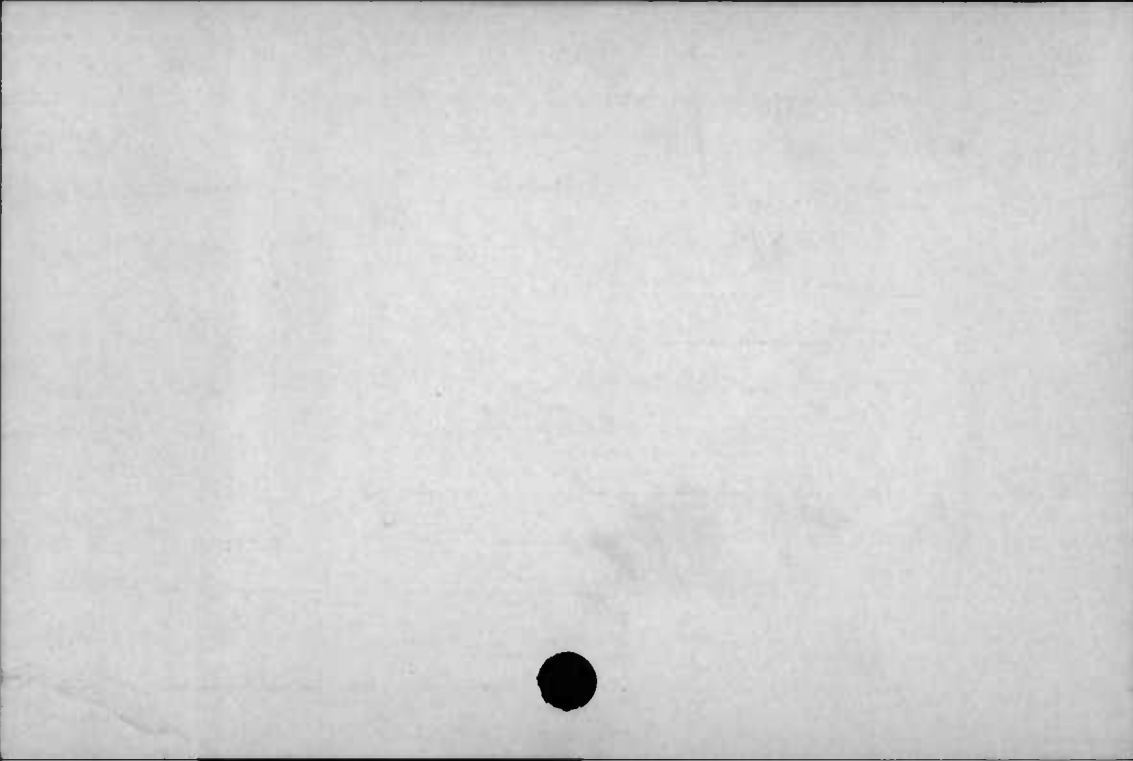
*24 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

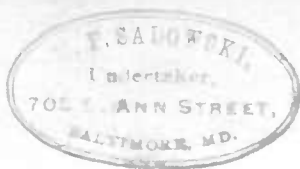
*J. B. Amant
2112 N. Charles St.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Adam Fisher				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Potapaco Neck		County Baltimore		MARYLAND			
	Date of death		1907	Month Sept.	Day 29	Age	Years	Months	Days	
	Sex		Male		Color or Race		White		Birth- place	
	Occupation		None		Where Residing if not at place of death		Potapaco Neck			
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name		Mike Fisher		Father's Birthplace		Austria			
	Mother's Maiden Name		Lily Welch		Mother's Birthplace		Austria			
Name of person giving In formation		Elmer Stephens		How related to deceased		No relation				
		CAUSES OF DEATH				157				
PHYSICIAN OR CORONER	Primary		Pneumonia		How long		5 weeks			
	Immediate		Pneumonia		How long		24 hours			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		F. C. Glendon M.D.			
	Accident or Suicide?				Address		Spencer Point Md.			



St. Stanislaus.

Name
in
Full

Martha Ann Fayrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore Co</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>10</i>
Age	<i>77</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Ira</i>
Occupation	<i>House Wife</i>	Where Residing if not at place of death <i>13 S East Ave</i>			
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>Joseph</i>			
Father's Name	<i>John Wilson</i>	Father's Birthplace <i>Ira</i>			
Mother's Maiden Name	<i>Sidney</i>	Mother's Birthplace <i>Ira</i>			
Name of person giving information	<i>Frances LeCompte</i>	How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	<i>93</i>	How long	<i>1 day</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>C. L. Long</i>		
Address		<i>2429 1/2 Oak Ave Balt.</i>		
Accident or Suicide?				

H. O. Hughes
17 S. Broadway

Baltimore & Camden

Name

In
Full

CERTIFICATE OF DEATH

Ida May France

Town

Oella

County

Baltimore

MARYLAND

Died at

Date

of death 1907

Month

9

Day

25

Years

Age 23

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Maryland

Occupation

house wife

Where Residing if not
at place of death

Oella

Married, Single
or WidowedName of Wife or
Husband

Robert France

Father's
Name

Robert France

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ida May McKensie

Mother's
Birthplace

Maryland

Name of person giving
information

Dr. J. H. Boring

How related
to deceased

not at all

CAUSES OF DEATH

Primary

Typhoid Fever

How long

4 weeks

Immediate

Pneumonia

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. H. Boring

Address

Bicent City Md

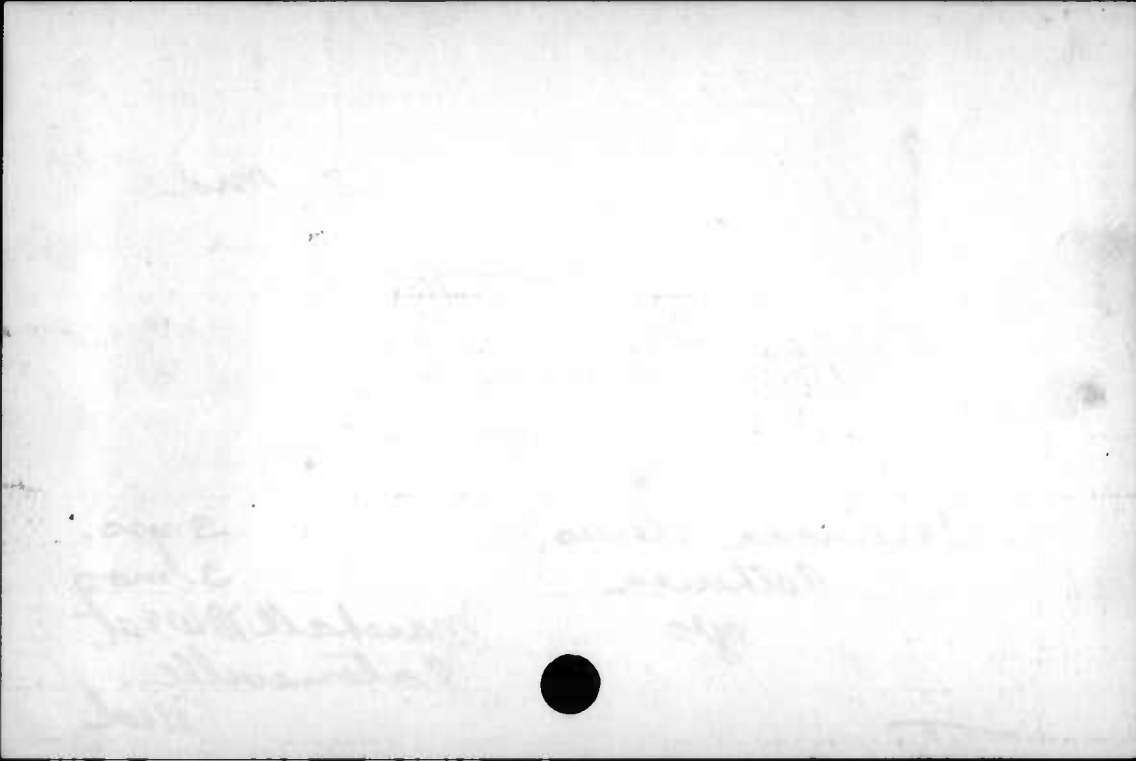
Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Easton Sons
Celia.

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Parkville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>	
		Date of death <u>1907</u> <small>Month</small> <u>Sept.</u> <small>Day</small> <u>22</u>		Age <u>7</u> <small>Years</small> <u>22</u> <small>Months</small> <u>22</u> <small>Days</small>	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>Child</u>		Birth-place <u>Parkville</u>	
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Joseph Friedrich</u>	
		Father's Name <u>Joseph Friedrich</u>		Father's Birthplace <u>Parkville, Md.</u>	
Mother's Maiden Name <u>Ellen Walden</u>		Mother's Birthplace <u>Ireland</u>			
Name of person giving information <u>Joseph Friedrich</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH 105					
PHYSICIAN OR CORONER		Primary <u>Infancy</u>		How long <u>—</u>	
		Immediate <u>Cholera Infantum</u>		How long <u>One week.</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Walter H. Vinal</u>	
		Accident or Suicide?		Address <u>Hamilton, Md.</u>	



Name
in
Full

George F Fursell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Weston</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		9	7	28			
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation		Where Residing if not at place of death					
Clerk		1820 W. Washington					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
George F Fursell		Not Known					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving Information		How related to deceased					
C. H. Mengman		Cousin					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Falling in Water</i>	How long	
Immediate	<i>Drowning</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>August W. Mills (Coroner)</i>	
Address		<i>Mr. Williams</i>	
Accident or Suicide?		<i>Accident - Md</i>	

~~Dynas~~

Name
in
Full

Elizabeth Ann Prizzue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Catonsville		^{County} Baltimore		MARYLAND	
Date of death 1907		Month Sept	Day 25	Age 78	Months 9
Sex Female	Color or Race American		Birth-place Md		
Occupation Dress maker		Where Residing if not at place of death Catonsville			
Married, Single or Widowed single		Name of Wife or Husband			
Father's Name Isaac Prizzue		Father's Birthplace Maryland			
Mother's Maiden Name Annie Christwell		Mother's Birthplace "			
Name of person giving information Annie Prizzue		How related to deceased niece			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma Uterus	How long	3 yrs.
Immediate	Asthma	How long	3 mos
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Marshall B West	
		Address Catonsville, Md.	
Accident or Suicide?			

1907
1827

79

Name
in
Full

William Fryer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Sparrows Point ^{County} Balto.

MARYLAND

Date of death 1907 ^{Month} Sept. ^{Day} 18 Age ^{Years} 10 ^{Months} 10 ^{Days}

Sex Male Color or Race White Birth-place Sparrows Pt.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Thos. Fryer Father's Birthplace Balto

Mother's Maiden Name Viola Angel Mother's Birthplace 17

Name of person giving information Thos. Fryer How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Intermittent Colic. How long 6 weeks.

Immediate Salmon Poisoning How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

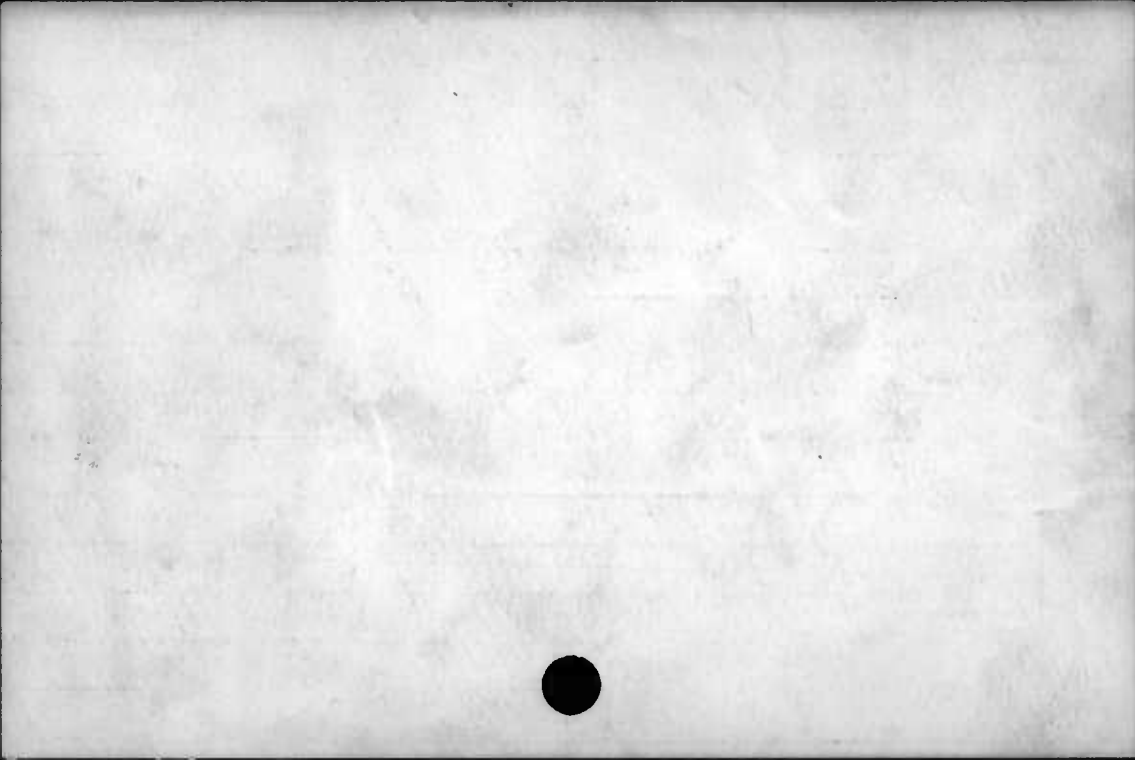
Signature of Physician Frank E. Elwood M.D.

Address Sparrows Point

Accident or Suicide?

Dr. Eldred

Name in Full		William F. Fuller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Pittsville		County Baltimore		MARYLAND		
		Date of death 1907		Month Sept	Day 5	Age —	Years —	Months 11
		Sex Male		Color or Race white		Birth- place Baltimore		
		Occupation —			Where Residing if not at place of death —			
		Married, Single or Widowed Single		Name of Wife or Husband —				
		Father's Name Wm M Fuller			Father's Birthplace Baltimore			
		Mother's Maiden Name Laura A. Brown			Mother's Birthplace " " "			
		Name of person giving Information Wm M Fuller			How related to deceased Father			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Cholera Infantum				How long 7 weeks		
		Immediate Asphyxia				How long —		
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician John T. Ruby M.D.		
						Address 2128 N. Guilford Ave. Baltimore Md		
		Accident or Suicide?						



Name
in
Full

Herman. Gerken Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilkins ave ext</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190	Month <i>7</i>	Day <i>15</i>	Age <i>9</i>	Years <i>—</i>	Months <i>9</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto Co</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Hermann Gerken</i>			Father's Birthplace <i>US</i>		
Mother's Maiden Name <i>Bertha Gerken</i>			Mother's Birthplace <i>US</i>		
Name of person giving information <i>Jf Field</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

(71)

PHYSICIAN
OR CORONER

Primary	<i>Deubition</i>	How long	<i>2 wks</i>
Immediate	<i>Convulsions</i>	How long	<i>2 da.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>P. Gustav Dill</i>	
		Address <i>Lombia & Stricker St</i>	
Accident or Suicide? <i>neither</i>			

John J. Fields
London Park.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Josee N. Bernard*

Died at

Town *Glyndon*

County

Baltimore

MARYLAND

Date

of death 190

7

Month

Sept

Day

10

Age

Years

37

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Westminster C.C.*Married, Single
or Widowed*Married*

Occupation

*Merchant*Name of Wife or
Husband*Mary Turner*Father's
Name*Don't know*Father's
Birthplace*Don't know*Mother's
Maiden Name*" "*Mother's
Birthplace*" "*Name of person giving
In formation*Mary Bernard*How related
to deceased*wife*

CAUSES OF DEATH

27

Primary

Tuberculosis Pulmonalis

How long

Three years

Immediate

" "

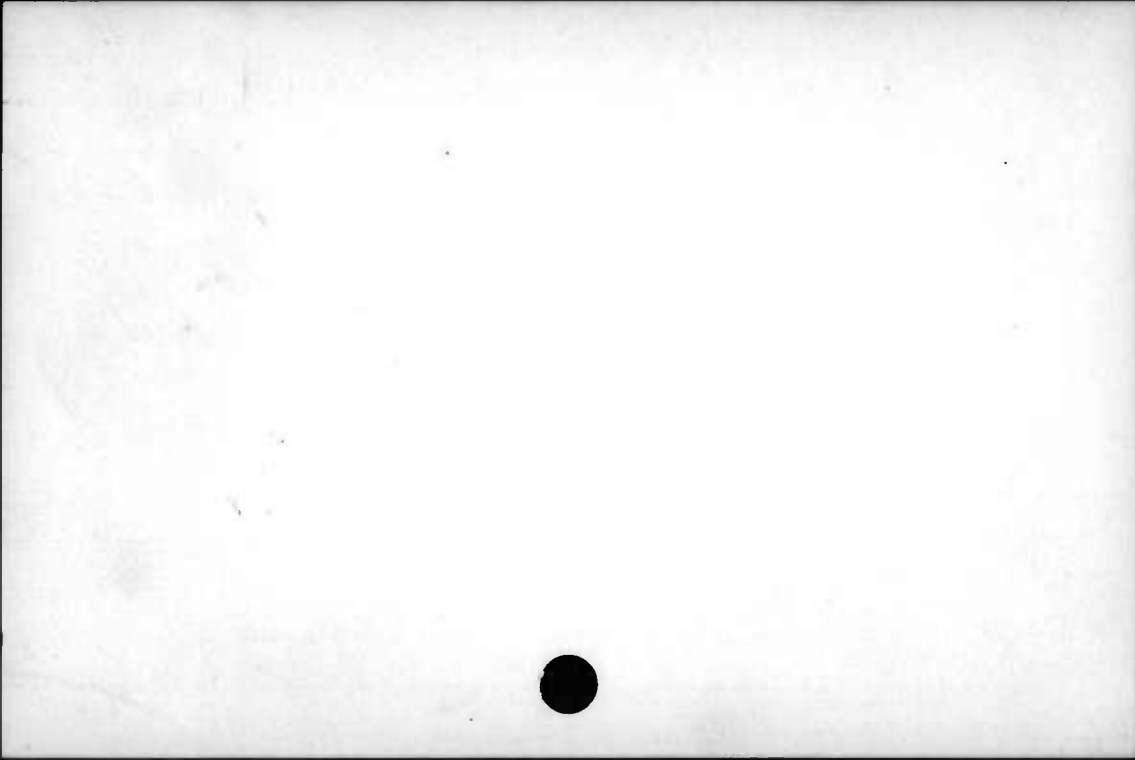
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*L. R. White*

Address

*Glyndon Md*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Maria Getz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Orangeville		County Baltimore		MARYLAND	
Date of death		Month Sept.	Day 29	Age 1		Months 6	Days 21
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation None				Where Residing if not at place of death C			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name George A. Getz		Father's Birthplace Baltimore					
Mother's Maiden Name Elizabeth Lenz		Mother's Birthplace Baltimore					
Name of person giving information George A. Getz		How related to deceased Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Eutypitis	How long
Immediate	Pulmonary oedema	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Accident or Suicide?		Address J. S. Sudler M.D. 34 to E 13th St

Balt Country
H. Sander. Son

Name
in
Full

Wm. George Sill

CERTIFICATE OF DEATH

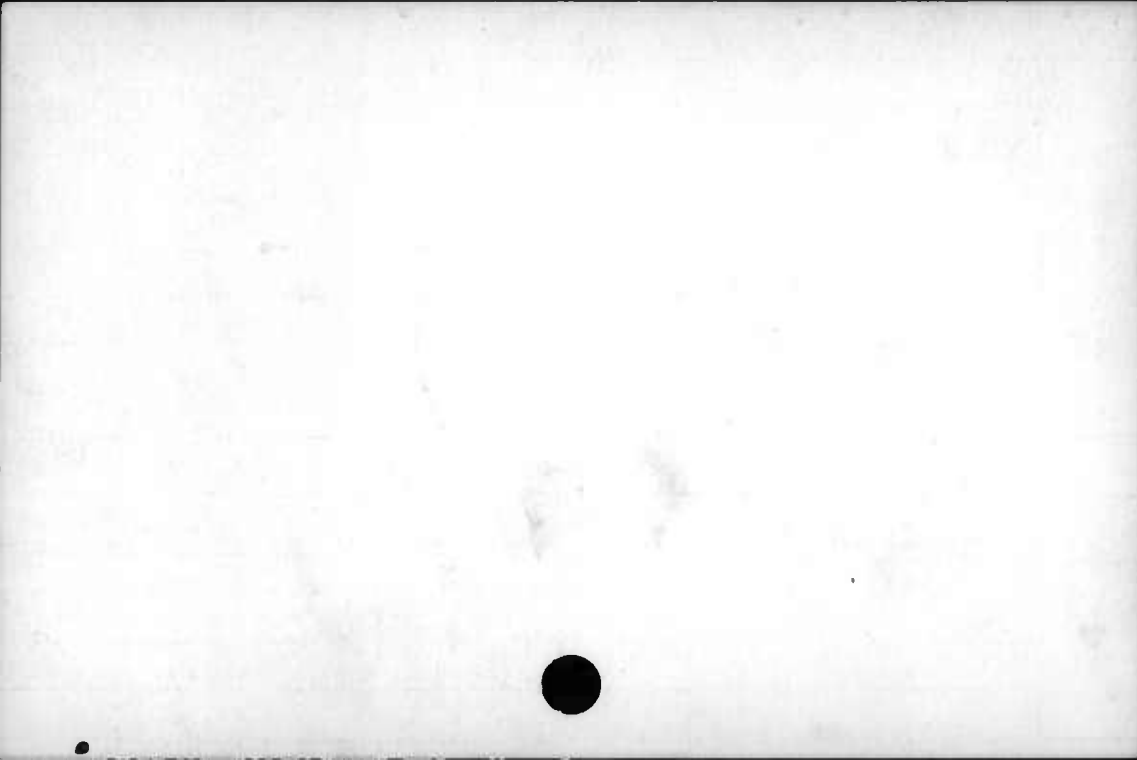
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boring</i> Town		County <i>Bach</i>		MARYLAND	
Date of death	1907	Month	9	Day	25
Age	64	Years		Months	
Sex	male	Color or Race	white	Birth-place	Ind
Occupation	Stone mason		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Sadie Brown		
Father's Name	Victorinus Sill		Father's Birthplace	Ind	
Mother's Maiden Name	Sarah Ambrose		Mother's Birthplace	Ind	
Name of person giving information	Son Geo. Sill		How related to deceased	son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Run over by wagon	How long	
Immediate	Pneumonia	How long	two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Jas H Wilson	
He fell off wagon which passed over his body.		Address	
Accident or Suicide?		Fowlesburg Ind	
Accidental			



Name
in
Full

Sarah Walker Godwin

CERTIFICATE OF DEATH

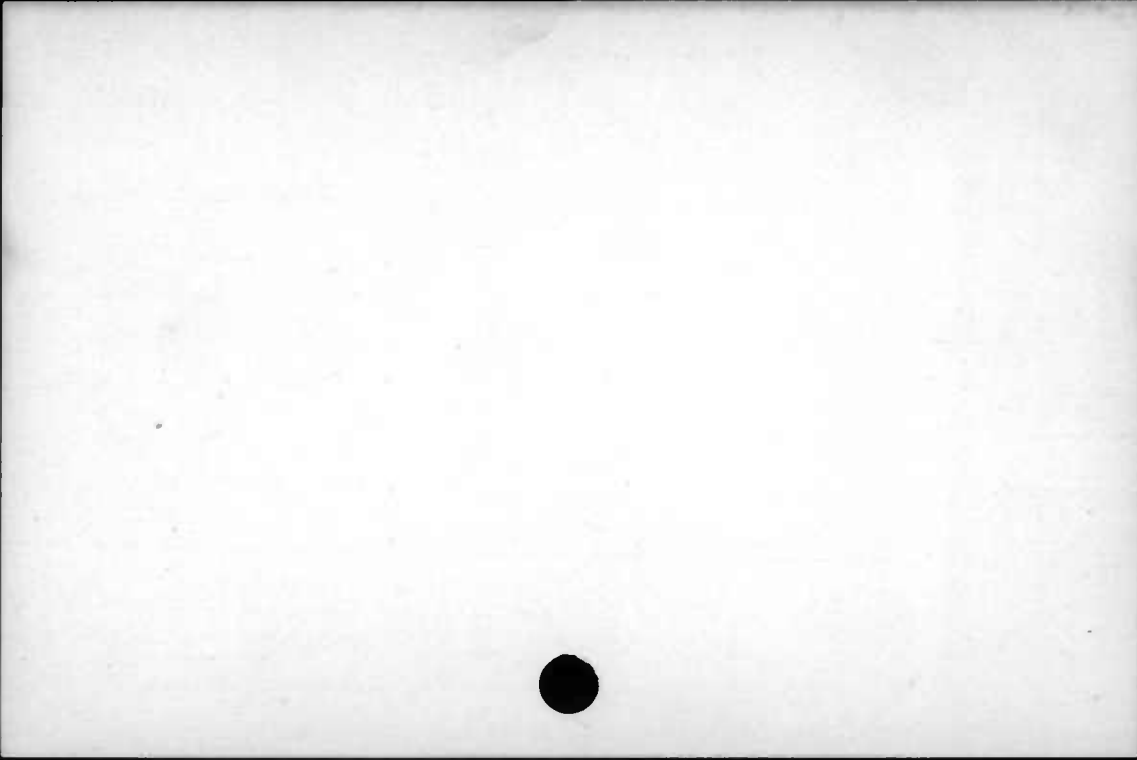
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Restons town</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept.</i>	Day	<i>13</i>
Age		<i>89</i>		Years	
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>David Collins Godwin</i>			
Father's Name	<i>William Walker</i>			Father's Birthplace	<i>Wet.</i>
Mother's Maiden Name	<i>Lea Davis</i>			Mother's Birthplace	
Name of person giving information	<i>Nanner Godwin</i>			How related to deceased	<i>Grand Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Decay</i>	<i>154</i>	How long	<i>6 weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. M. Seader</i>		
		Address <i>Restons town Md.</i>		
Accident or Suicide?				



Name
in Full

Infant of Celia and A R Grane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Springtown</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	190 <u>7</u> Month <u>Sept</u>	Day <u>10</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>Dead born</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Springtown</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>A R Grane</u>		(S)		Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Celia Reed</u>				Mother's Birthplace <u>Ohio</u>	
Name of person giving information <u>A R Grane</u>		(S)		How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Mother had Nephritis</u>	How long <u>—</u>
Immediate		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John G. Hellyday M.D.</u>
		Address <u>714 Frederick ave</u> <u>Baltimore</u>
Accident or Suicide?		

~~Dr. Halliday~~

Place of burial London Park
Cemetery

Hay W. Jenkins & Sons Co
300 W. Madison St

Name
in
Full

Elmer J. Greer

CERTIFICATE OF DEATH

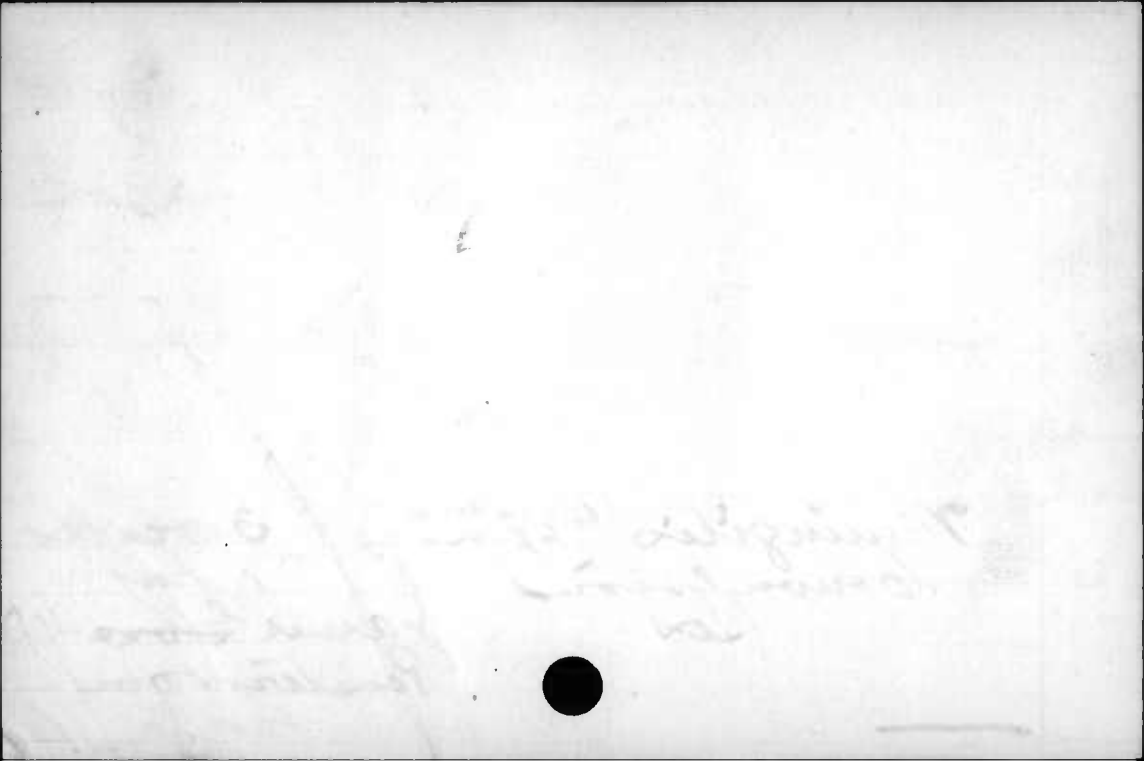
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spinnis Point</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	Sept.	Day	10	Age	Years
						Months	6
						Days	3
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Spinnis Point</i>
Occupation	<i>None</i>		Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>John A. Greer</i>			Father's Birthplace	
						<i>Baltimore</i>	
Mother's Maiden Name			<i>Clara V. Greer</i>			Mother's Birthplace	
						<i>Mich.</i>	
Name of person giving information			<i>John A. Greer</i>			How related to deceased	
						<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sp. Leukitis</i>	How long	<i>10.5</i>
			<i>2 weeks</i>
Immediate	<i>Meningitis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>F. C. Eldred M.D.</i>	
Address		<i>Spinnis Point</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Mary E. Grimes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balt		MARYLAND	
Date of death 1907		Month 9	Day 14	Age 62		Years	Months Days
Sex Female		Color or Race Black		Birth- place Va			
Occupation House				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Unknown					
Father's Name Don't know				Father's Birthplace Unknown			
Mother's Maiden Name Don't know				Mother's Birthplace Unknown			
Name of person giving In formation Wm Beckwith				How related to deceased Son in law			

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary Uterine Carcinoma		How long about 7 months	
Immediate Acute Nephritis, Uremic Coma		How long Four days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. W. Jones M.D.	
Address 5116 Oxford St.			
Accident or Suicide?			

Ashbury Cemetery
Alice Hemslay
578 W. Biebele St

Name
in
Full

LeRoy Griswold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Reisterstown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i> Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Carroll co md</i>	
Occupation <i>Drum</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Roy Griswold</i>			Father's Birthplace <i>Balto co md</i>		
Mother's Maiden Name <i>Susie M. Shaffer</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Mrs. Roy Griswold</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Meningitis (Cerebro Spinal)</i>	How long <i>3 weeks</i>
Immediate <i>Convulsions</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Gore M.D.</i>
<i>J</i>	Address <i>Reisterstown Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

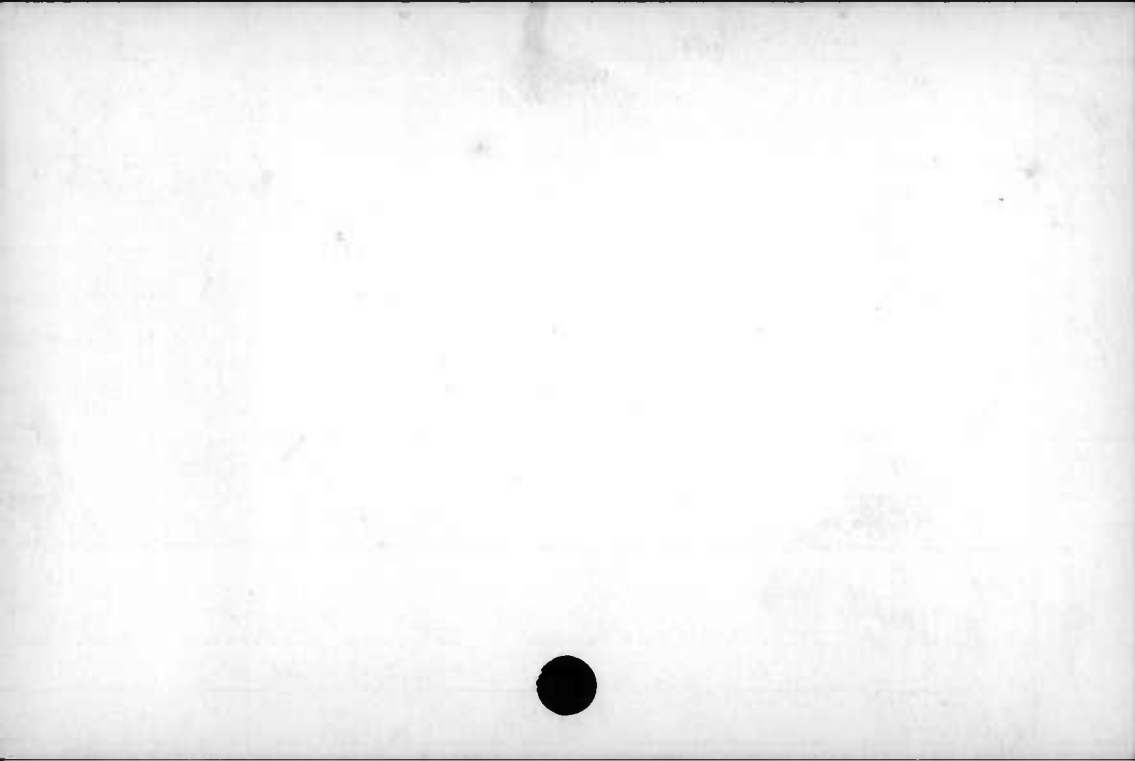
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hartley</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	<i>Sept.</i>	Day	<i>20</i>	Years	<i>81</i>
				Age	<i>81</i>	Months	<i>1</i>
						Days	<i>10</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth place	<i>Baltimore Co. Md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		<i>Hartley</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Margaret Jane Swynn</i>			
Father's Name	<i>Not Known</i>		Father's Birthplace	<i>Not Known</i>			
Mother's Maiden Name	<i>Not Known</i>		Mother's Birthplace	<i>Not Known</i>			
Name of person giving information	<i>Benjamin Swynn</i>		How related to deceased	<i>Son</i>			

CAUSES OF DEATH

Primary	<i>Prostatitis</i>	How long	<i>Several years.</i>
Immediate	<i>Cystitis</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>—</i>		<i>John S. Green</i>	
		Address	
		<i>Hartley, Md.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name in Full		Elizabeth Hamilton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton		Baltimore		MARYLAND	
	Date of death	1907	Sept	2nd	Age	43	11 Months
	Sex	Female		Color or Race	White		
	Occupation	Housework		Where Residing if not at place of death	Baltimore Co. Md		
	Married, Single or Widowed	Married		Name of Wife or Husband	Rudolph Hamilton		
	Father's Name	Frank Curry		Father's Birthplace	Ireland		
	Mother's Maiden Name	don't know		Mother's Birthplace	Ireland		
Name of person giving information	Rudolph Hamilton		How related to deceased	Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bright's Disease				How long	2 mo
	Immediate	Uremic Poisoning				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Accident or Suicide?		No		Address		
				1120 Highland			

120

St. Patrick's Cemetery

Sept. 5th 1907

Germanus Thayer

Under Water

Name
in
Full

Louise Hammen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middle Road</i> ^{Town}		<i>Bach</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Sept</i> ^{Month}	<i>17</i> ^{Day}	<i>75</i> ^{Years}	<i>9</i> ^{Months}	<i>11</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>House work</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Lehmann</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		Mother's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>	Name of person giving information <i>Mrs Jacobs</i>		How related to deceased <i>daughter</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Dyspnea</i>	How long <i>5 days</i>
Immediate <i>Asthma</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Hammen M.D.</i>
	Address <i>Middle Road Mrs</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Jas. M. Handy
Long Green

Town

Baltimore

County

MARYLAND

Date

of death 1907

Sept

Month

25

Day

Age

27

Years

Months

Days

Sex

Male

Color or
Race

colored

Birth-
place

Unknown

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

Jas. Howard

How related
to deceased

No relation

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis

How long

not known

Immediate

Hemorrhage

How long

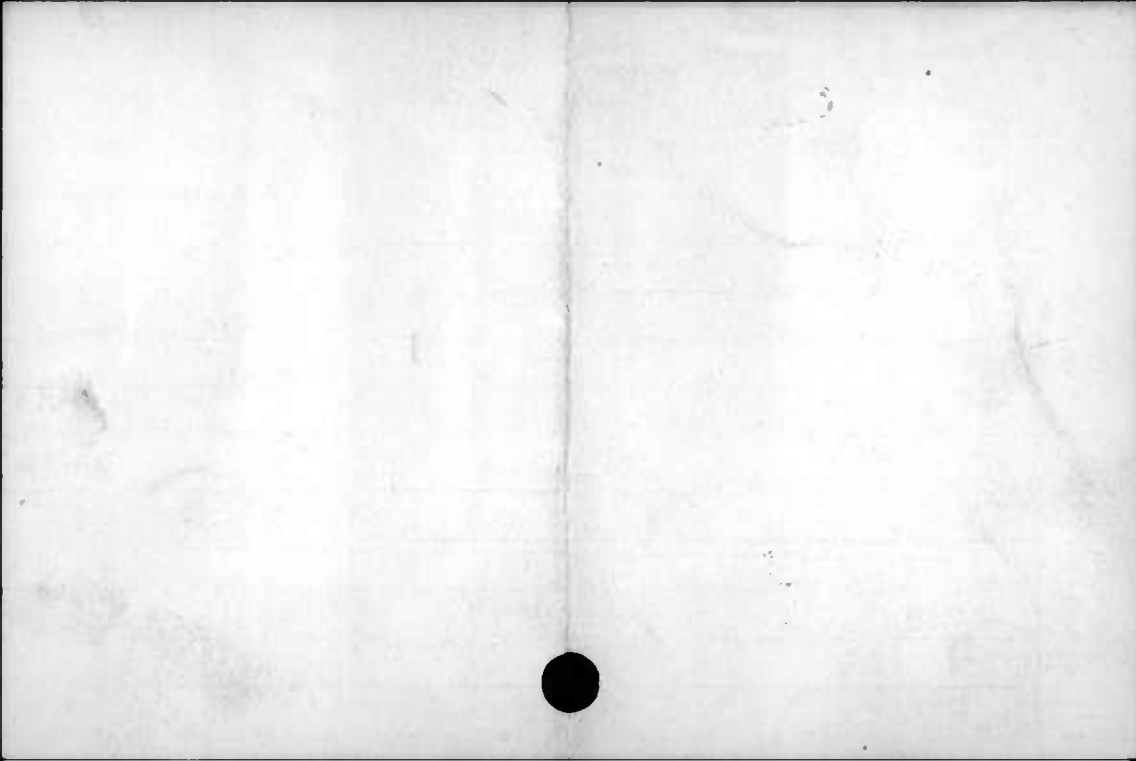
about one hour

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John S. Green
Bittings,
Md.

Accident or Suicide?



Name
in
Full

Marie Christina Henbeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Athol in ^{County} Livingston BaltimoreDate of death 1907 ^{Month} Sept ^{Day} 7th ^{Age} 76 ^{Years} ^{Months} 9 ^{Days} 5Sex Female ^{Color or Race} White ^{Birth-place} Baltimore City^{Occupation} None ^{Where Residing if not at place of death}^{Married, Single or Widowed} Married ^{Name of ~~Wife~~ or Husband} Geo F Henbeck^{Father's Name} Christian Miller ^{Father's Birthplace} Germany^{Mother's Maiden Name} Wilhelmina King ^{Mother's Birthplace} Germany^{Name of person giving In formation} Geo W Henbeck ^{How related to deceased} Husband

CAUSES OF DEATH

104

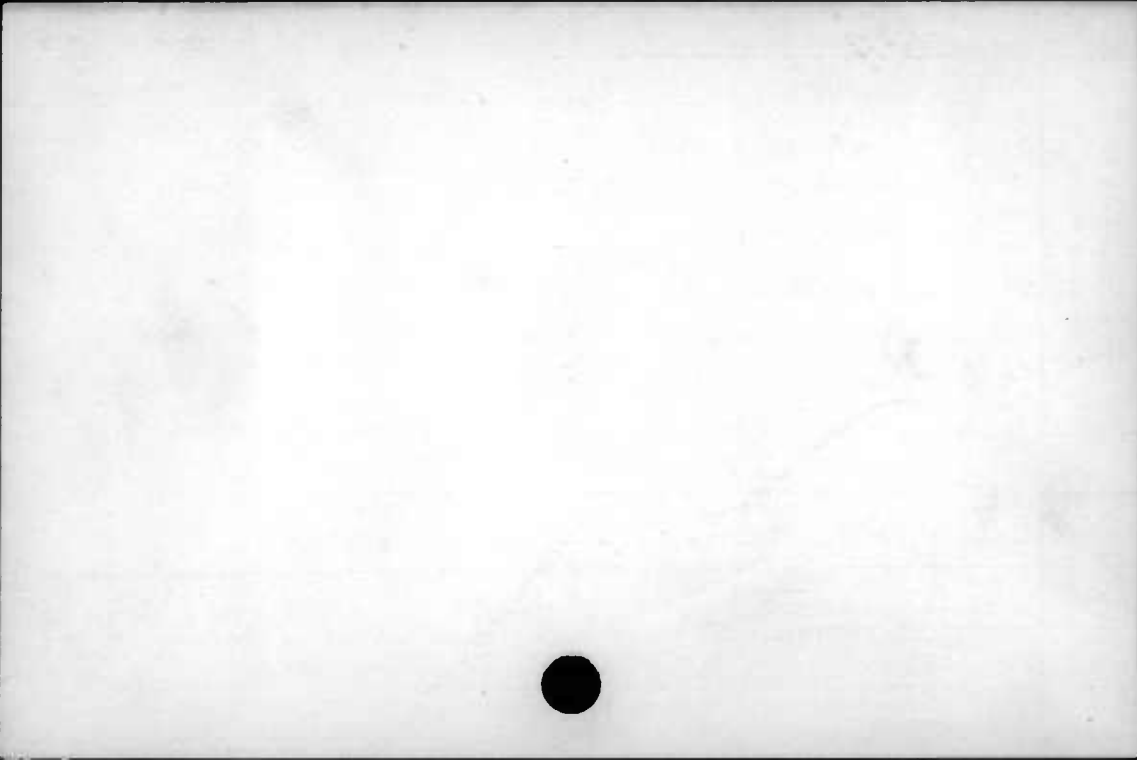
PHYSICIAN
OR CORONER^{Primary} Gastric Catarrh ^{How long} 4 weeks^{Immediate} General Asthenia ^{How long} 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

^{Signature of Physician}^{Address}D E. Stutz, M.D.
Catausville
Md.

Accident or Suicide?



Name
in
Full

Mrs Mary A. Hempf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Moulton ^{Town} Balto. ^{County} MARYLAND

Date of death 1907 ^{Month} Sept. ^{Day} 20 ^{Years} Age 29 ^{Months} 3 ^{Days}

Sex Female Color or Race white Birth-place Balto. Co

Occupation Housewife Where Residing if not at place of death Waltham

Married, Single or Widowed married Name of Wife or Husband Roy Hempf

Father's Name Joshua J. McCauley Father's Birthplace Balto Co

Mother's Maiden Name Aunnie A. Hodges Mother's Birthplace Woodbury ^{Ms}

Name of person giving information Aunnie A. McCauley How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary diabetes (50) How long 8 mo.

Immediate Cardiac Asthenia How long 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. R. Payne M.D.

Address Consett

mt.

Accident or Suicide ☐

Monkton Conn.

Sept. 23/1917

A. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

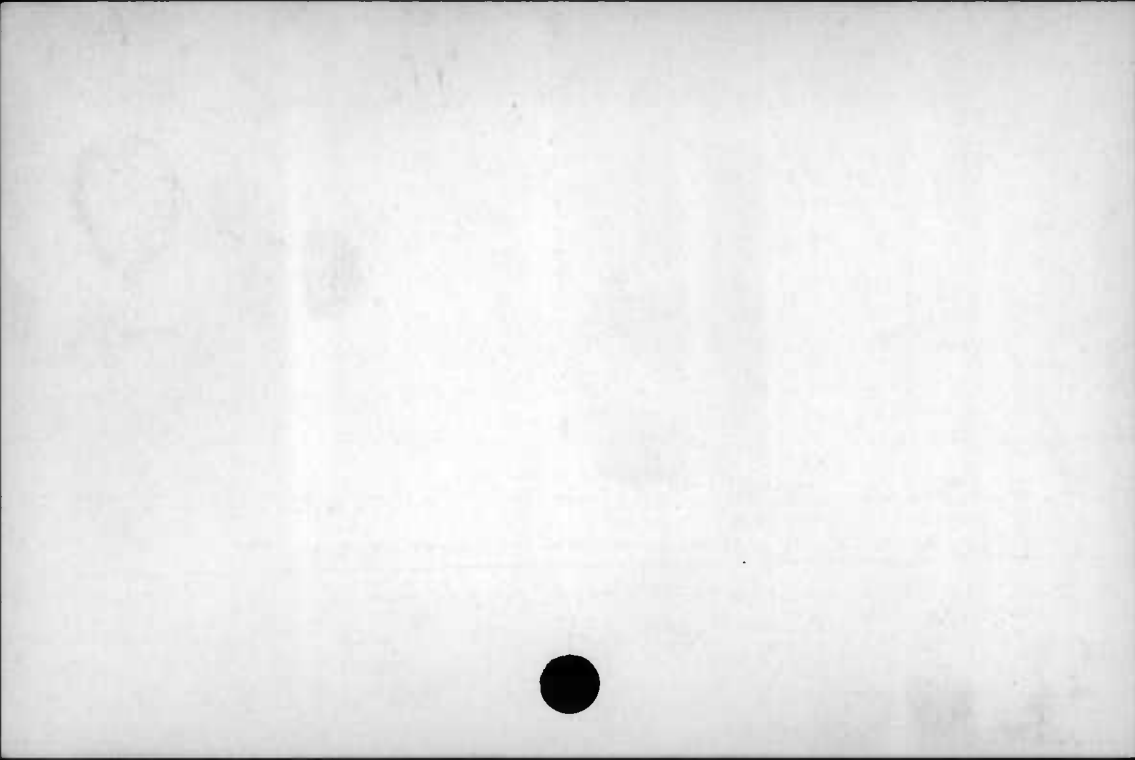
Died at <i>Lewis R. B. Hwooth</i>		County <i>Beth.</i>		MARYLAND	
Date of death	1907	Month	11	Day	4
Sex	Male	Color or Race	White	Birthplace	<i>Sparrows Point</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>Sparrows Point</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Robt. Hwooth</i>			Father's Birthplace	<i>W.D.</i>
Mother's Maiden Name	<i>Ellie O Price</i>			Mother's Birthplace	<i>W.D.</i>
Name of person giving information	<i>Robt. Hwooth</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Ileo Colitis</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. Woodward</i>	
		Address	
		<i>Sparrows Point</i>	
Accident or Suicide?			



Name

in
Full

Elizabeth Bradford Hill

CERTIFICATE OF DEATH

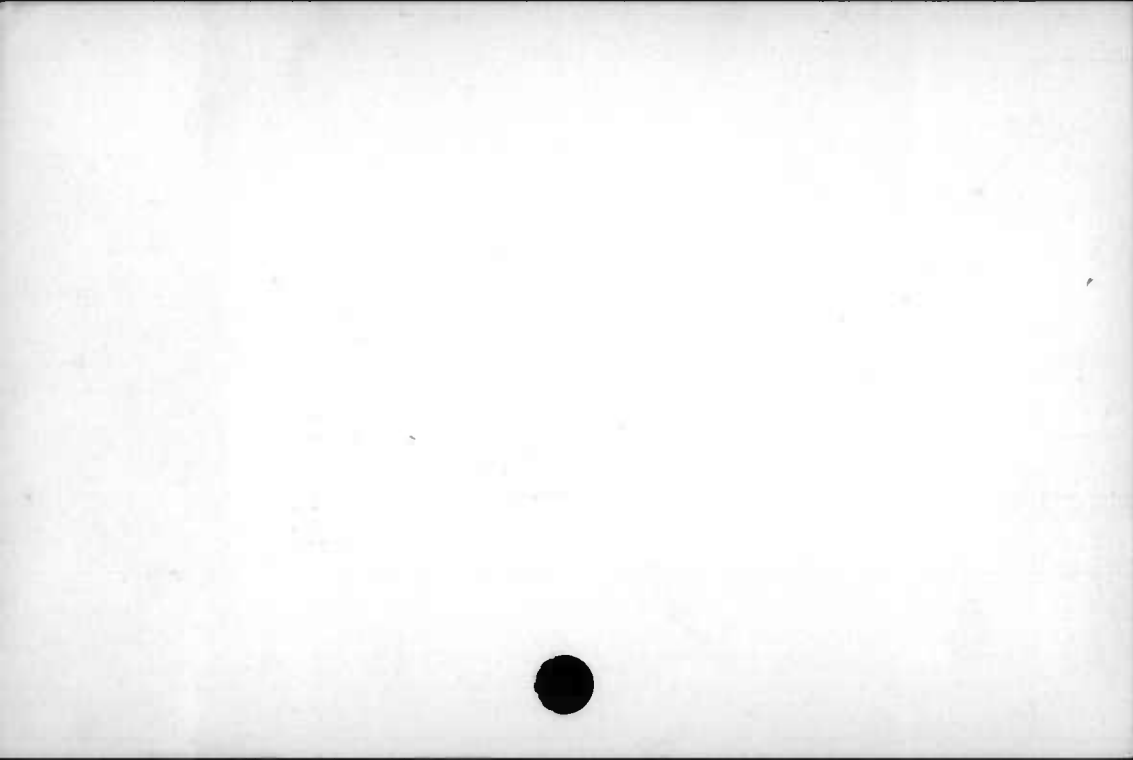
Died at *Sheppard & Enock Pratt* ^{Town} *Balto.* ^{County}
~~Hospital, Towson~~

MARYLAND

Date of death *1907* ^{Month} *Sept* ^{Day} *29* ^{Years} *47* ^{Months} *not known* ^{Days} *not known*Sex *Female* Color or Race *White* Birth-place *Mass*Occupation *None* Where Residing if not at place of death *Baltimore*Married, Single or Widowed *Married* Name of Wife or Husband *J. Davis Hill*Father's Name *Josiah Livermore* Father's Birthplace *America*Mother's Maiden Name *not known* Mother's Birthplace *Mass.*Name of person giving information *J. Davis Hill* How related to deceased *husband*

CAUSES OF DEATH

Primary *Chronic progressive parenchymatous degeneration of brain*How long *2 yrs?*Immediate *Exhaustion*How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Wm Rush Dunton, Jr*Address *Sheppard & Enock Pratt Hospital, Towson*Accident or Suicide? *No.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Hiltz</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Highlandtown</i>		Month <i>Sept 3</i>		Day <i>3</i>		Years <i>59</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>316 Bank St Ext "</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Hiltz</i>					
Father's Name <i>John Aulback</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Catherine</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>John Hiltz</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Dilated Heart</i>	How long <i>9 mos</i>
Immediate <i>Aneurysm</i>	How long <i>.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. B. Pittore MD</i>
<i>9</i>	Address <i>1711 E Back St</i>
Accident or Suicide?	

Lander Park

3 P. M.

7

Name
in
Full

Arthur R Hoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

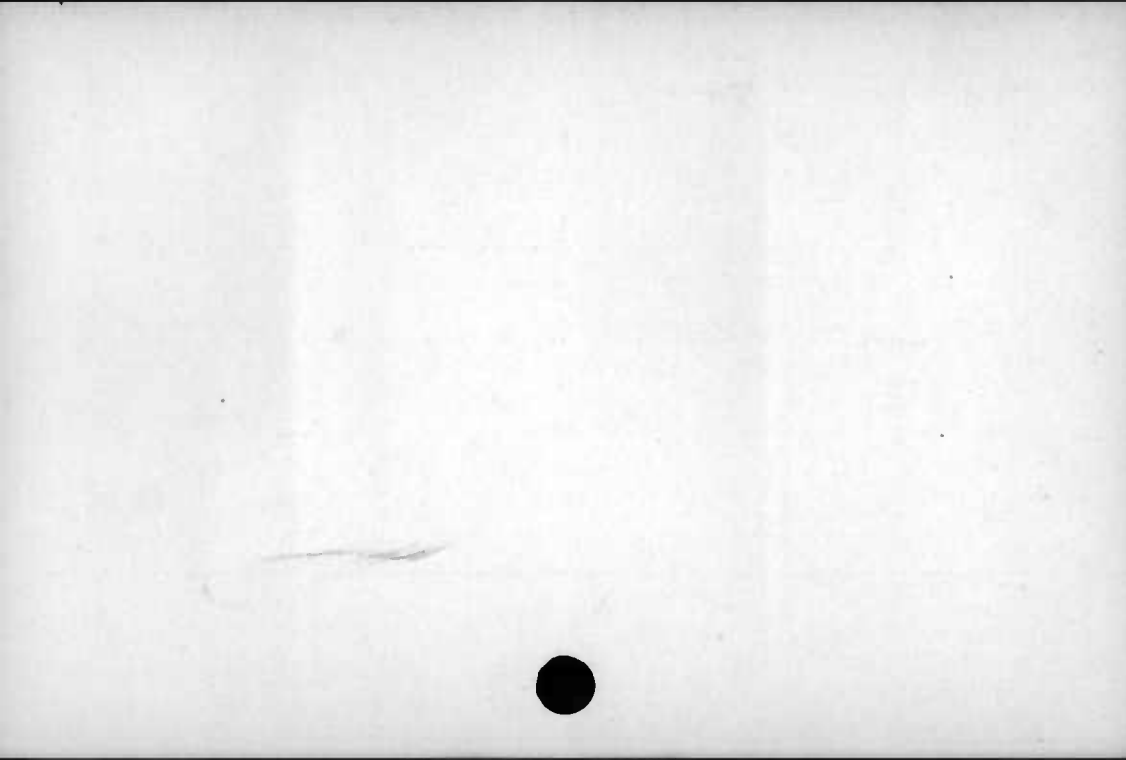
Died at <i>Garrows Point</i> Town		County <i>Baldw.</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Sept.</i>	Day <i>19</i>	Age <i>32</i>	Years Months Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Soldier U.S.A.</i>		Where Residing if not at place of death	<i> Ft. Howard</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Joe Blair</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Struck by N.C.R. train</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	<i>Joe Blair (Coroner)</i>	
	Address	
	<i>Garrows Point Md</i>	
Accident or Suicide	<i>Accident</i>	



Name
in
Full

Michael Hohmann -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{Town} Balto ^{County} MARYLAND

Date of death 1907 ^{Month} Aug ^{Day} 12 Age 47 ^{Years} 47 ^{Months} 47 ^{Days} 47

Sex Male Color or Race White Birth-place Ind

Occupation Can maker Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Mary Danielle

Father's Name unknown Father's Birthplace -

Mother's Maiden Name unknown Mother's Birthplace -

Name of person giving information John P. Yeager How related to deceased Bro in Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

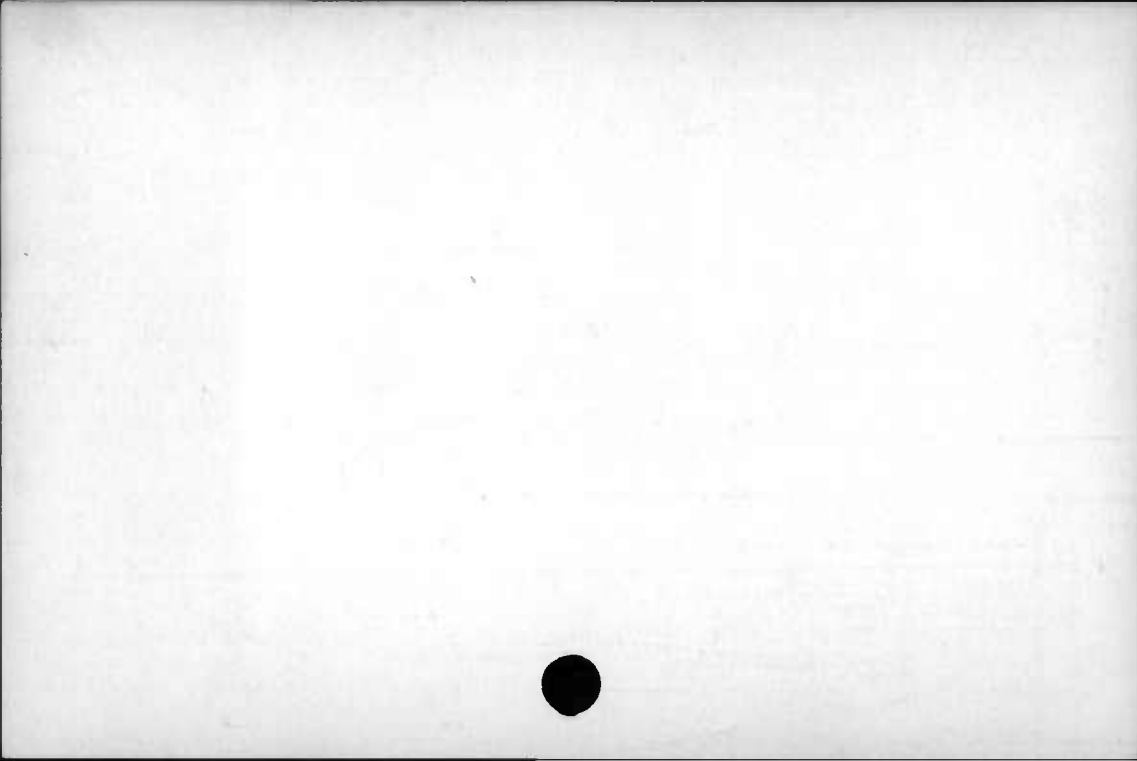
Primary Valvular Disease Heart 79 ^{How long} Some white

Immediate Broken Compensation ^{How long} Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Est. P. Healy

Address 2400 N. M. St.

Accident or Suicide? No



Name
in
Full

John A. Holton

CERTIFICATE OF DEATH

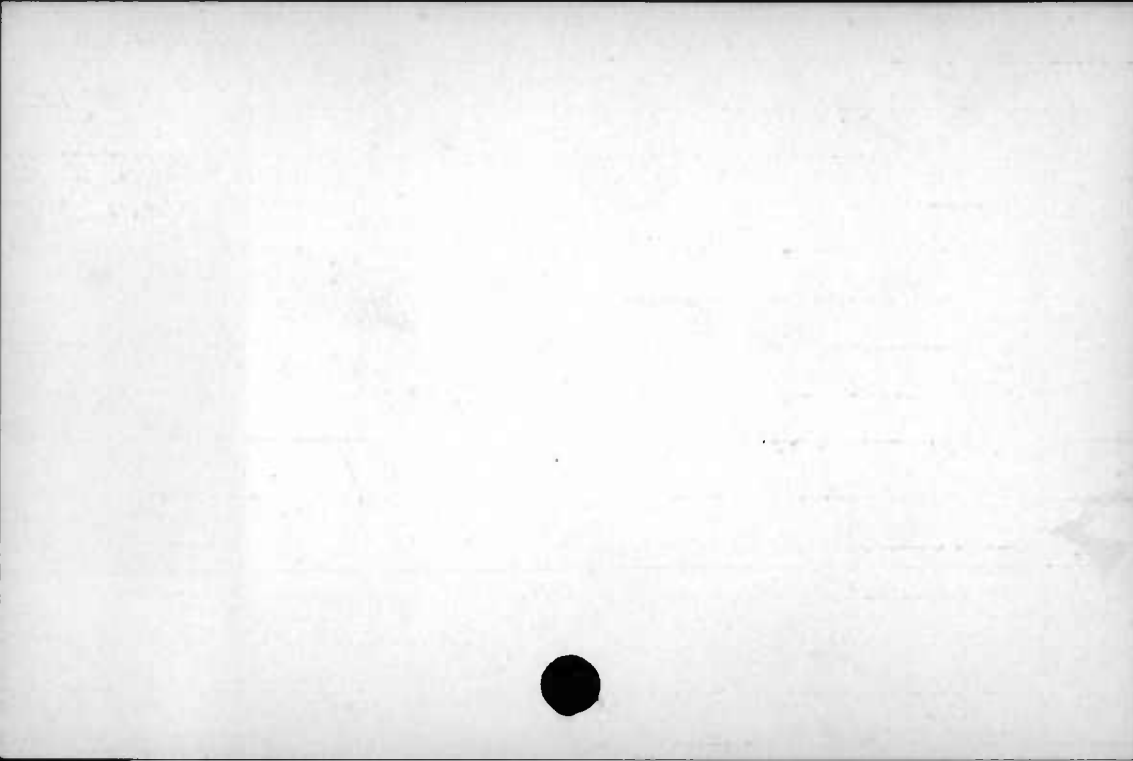
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bayton</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	1907	Month	Sept	Day	20
Sex		Male	Color or Race	White	Age
Occupation		Laborer	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Fredericka Holton		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Fredericka Holton		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	120 to 150 days
Immediate	General Debility	How long	6 weeks or more
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. N. M. H. H. H.
Address			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Argylen R. W. Puff
Town County

MARYLAND

Died at *Spencer Point*
Date of death *1907* Month *9* Day *20* Age *32* Years Months *1* Days

Sex *Male* Color or Race *white* Birth-place *St. Louis, Mo.*

Occupation *Soldier* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Unknown*

Father's Birthplace *Unknown*

Mother's Maiden Name *Anna W. Puff*

Mother's Birthplace *Unknown*

Name of person giving information

How related to deceased

CAUSES OF DEATH

164

Primary *Fracture of Head*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *C. F. Morris*

Address *Fort Howard
Capt. and Surg. U.S.A.*

Accident or Suicide? *(over)*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

"Compound comminuted fracture involving right
molar, superior maxillary, temporal, sphenoid, frontal
and parietal bones resulting from being struck by
a train, while the soldier was lying beside the track
near Highlandtown. B. Co., "

Name
in
Full

Geo. Robt Immeler (Immeler)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Immeler</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>9</u>	Day <u>19</u>	Age <u>31</u>	Years <u>31</u>	Months <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Balto. Md.</u>		
Occupation <u>Saddler</u>			Where Residing if not at place of death <u>Woodland Ave</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Henry W Immeler</u>			Father's Birthplace <u>Balto. Md.</u>		
Mother's Maiden Name <u>Mary C Kreier</u>			Mother's Birthplace <u>Balto. Md.</u>		
Name of person giving information <u>Henry W. Immeler</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary tuberculosis</u>	How long	<u>6 W.</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo T. Howard</u>	
		Address <u>1835 Edwards Ave</u>	
Accident or Suicide? <u>No</u>			

New Cathedral Cmn
Jos B Cook
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> ^{Town} <i>ma</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>7</i> ^{Month} <i>Sep.</i>	<i>15</i> ^{Day}	<i>32</i> ^{Years} <i>7</i> ^{Months} <i></i> ^{Days}
Sex <i>Male</i>	Color or Race	Birth-place <i>Balto Co.</i>	
Occupation <i>Laborer.</i>	Where Residing if not at place of death <i>139 Blanninmont av</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Eliza Jackson</i>		
Father's Name <i>Charles Jackson</i>	Father's Birthplace <i>Harford Co Md</i>		
Mother's Maiden Name <i>Agness Baker.</i>	Mother's Birthplace <i>Balto Md</i>		
Name of person giving information <i>Eliza Jackson.</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever.</i>	How long <i>21 days</i>
Immediate <i>Haemorrhage and Jaundice.</i>	How long <i>14 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>White</i>	Signature of Physician <i>Eugene L. Passagno</i>
	Address <i>St Joseph's Hospital</i>
Accident or Suicide? <i>neither.</i>	<i>Baltimore Md.</i>

Robt J. Turner
Oak Lawn Cemetery

Name
in
Full

Lena Jakobsen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Sept</i> ^{Day} <i>24</i> ^{Years} <i>43</i>	Months <i>—</i> Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Norwy</i>	
Occupation <i>House work</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Husband <i>Peter O. Jakobsen</i>		
Father's Name <i>Nels Salvesen</i>	Father's Birthplace <i>Norwy</i>		
Mother's Maiden Name <i>Martha Lee</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Peter O. Jakobsen</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tumor Cervix</i>	74	How long <i>1 yr - 4 mos.</i>
Immediate <i>Acute Dehydration</i>		How long <i>4 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>Samuel H. Jones</i>	Address <i>1713 Park St.</i>
Accident or Suicide? <i>9</i>		

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER.
2884 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

Oak Lawn Cemetery
Sept 27th 1907

Name in Full		David Jenkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Canton		Balls.		MARYLAND	
		Date of death		Month		Day	
		1907		Sept.		2	
		Age		Years		Months	
		39		9		Days	
		Sex		Color or Race		Birth-place	
Male		White		Md.			
Occupation		Where Residing if not at place of death					
Pipe-fitter		8 First St.					
Married, Single or Widowed		Name of Wife or Husband					
Married		Ada May Jenkins					
Father's Name		Father's Birthplace					
Thomas Jenkins		England					
Mother's Maiden Name		Mother's Birthplace					
Not known							
Name of person giving information		How related to deceased					
Ada May Jenkins		Wife					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		How long			
		Tuberculosis Pulmonary		27		1 year probably	
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		Address					
Accident or Suicide?							

Zirkler + Zirkler
1739 E. Eager St.

Mt. Carmel Bern.

Sept. 5-1907

Name
in
Full

Rosa Johnson

CERTIFICATE OF DEATH

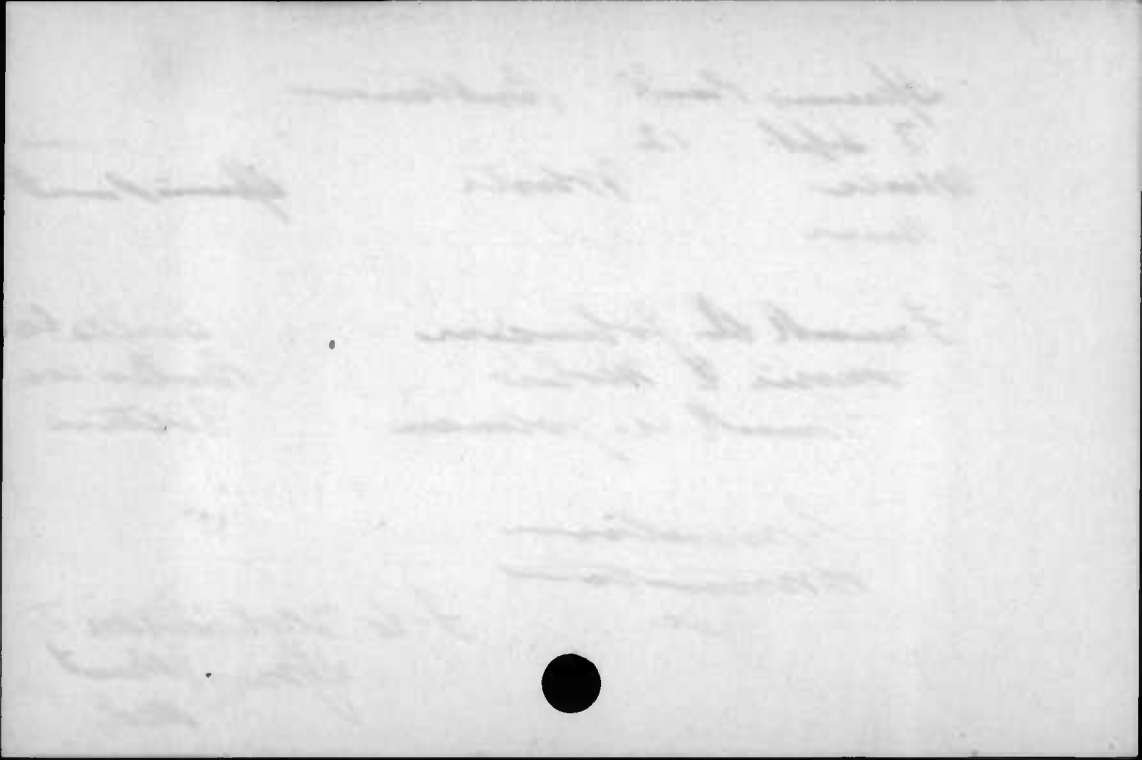
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Lanodown		Balt					
Date of death	1907	Month	Sept.	Day	6	Age	39
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	H. D.) but not for last 5 months			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Philip O. Johnson			
Father's Name	George Lind			Father's Birthplace Germany			
Mother's Maiden Name	Unknown			Mother's Birthplace Germany			
Name of person giving information	Philip O. Johnson			How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	(27) (5) months
Immediate	Diarrhoea and Exhaustion	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician	Frank H. Ruhl		
Address	Lanodown, Balt Co. Md		
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

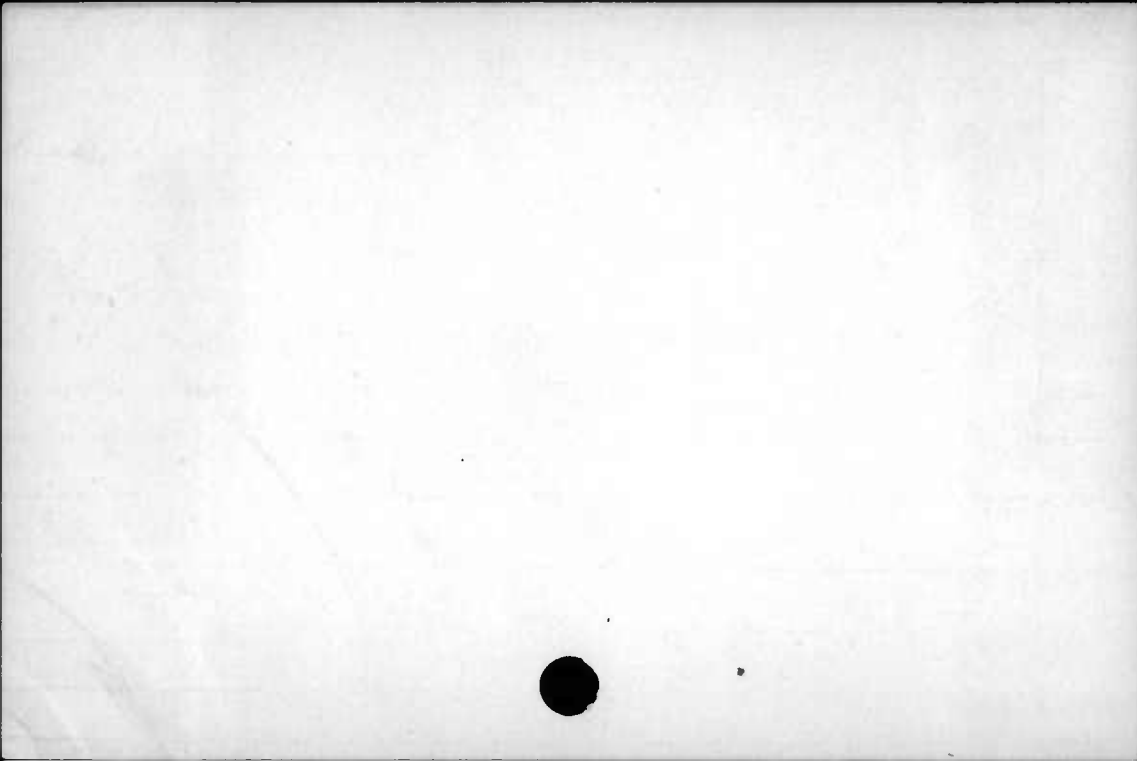
Name <i>William Infant</i>		Town <i>Johnson</i>		County <i>Butler</i>		MARYLAND	
Died at <i>Spinn's Point</i>		Month <i>Sept.</i>		Day <i>12</i>		Age <i>4 mos</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Spinn's Point</i>	
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Frank A. Johnson</i>		Father's Birthplace <i>Butler Co.</i>					
Mother's Maiden Name <i>Louise E. Mohr</i>		Mother's Birthplace <i>Butler Co.</i>					
Name of person giving information <i>Frank A. Johnson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

(157)

PHYSICIAN
OR CORONER

Primary	<i>Respiration</i>	How long
Immediate	<i>Respiration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. C. [illegible]</i>
Address <i>[illegible]</i>		<i>[illegible]</i>
Accident or Suicide?		



Name
in
Full

Rev. Francis Keany

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

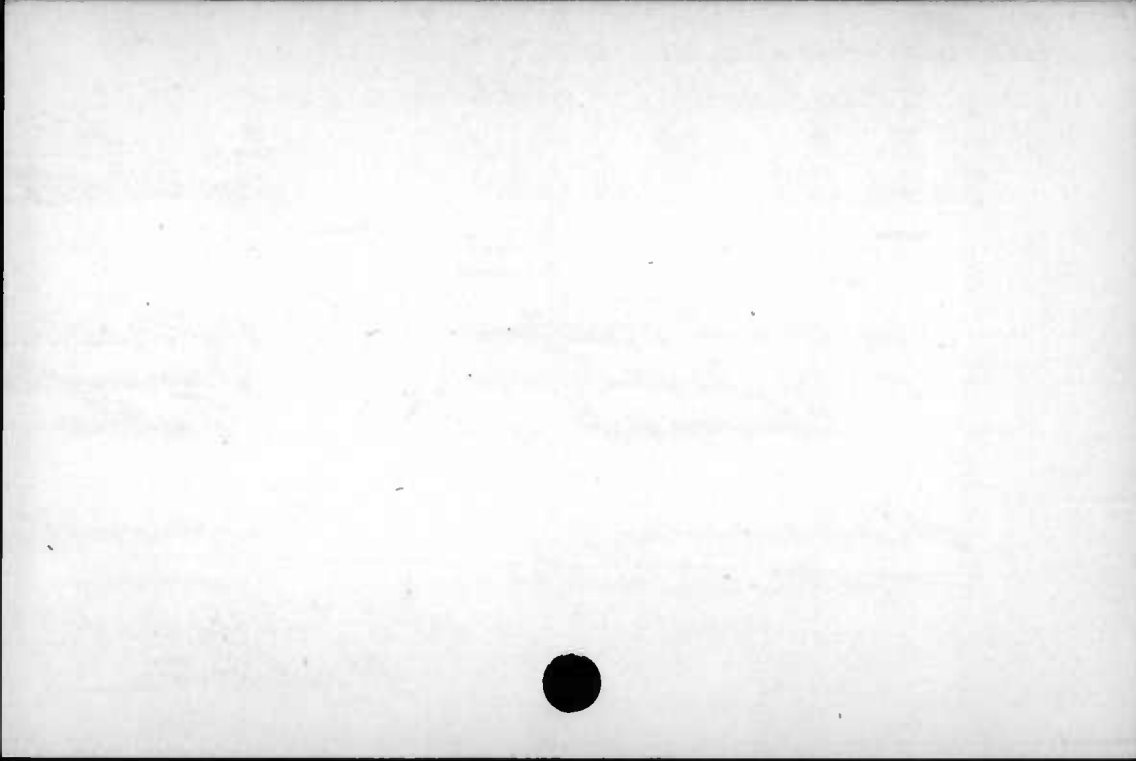
Died at <i>St Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept.</i>	Day	<i>15</i>
Age		<i>abt 69</i>	Years	<i>not known</i>	Months
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Clergyman R.C.</i>		Where Residing if not at place of death <i>Brooklyn</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>not known</i>		Father's Birthplace	<i>not known</i>	
Mother's Maiden Name	<i>" "</i>		Mother's Birthplace	<i>known</i>	
Name of person giving information	<i>Reeds, St Hope Retreat</i>		How related to deceased	<i>not at all</i>	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>See - Dementia Post Acute Mamma since 1869</i>	How long	<i>abt 10 days</i>
Immediate	<i>Ex - Acute Dysentery</i>	How long	<i>abt 10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Frank J. Flannery</i>	
		Address	
		<i>St Hope Retreat</i>	
		<i>Baltimore</i>	
Accident or Suicide?			



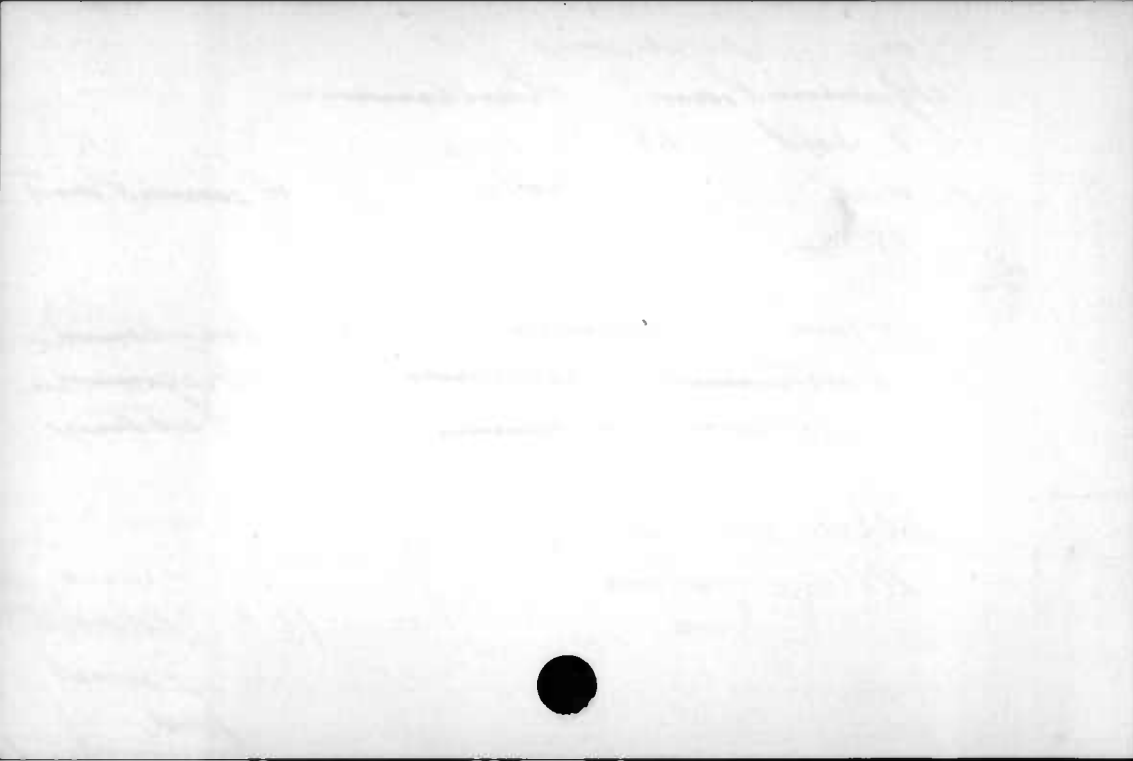
Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Parkton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1907	Month	9	Day	8
		Age	0	Years	9
				Months	5
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	—		Birth-place	<i>Parkton Md</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed			—		
Name of Wife or Husband			—		
Father's Name	<i>Edward B. Keelen</i>			Father's Birthplace	<i>Balto Md</i>
Mother's Maiden Name	<i>Mary Jane Trunk</i>			Mother's Birthplace	<i>Warren Md</i>
Name of person giving information	<i>Edward B. Keelen</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Marasmus</i>	How long	<i>6 months</i>
Immediate	<i>Acute Diarrhoea</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. T. Hendricks</i>
		Address	<i>Parkton Md</i>
Accident or Suicide?	—		



Name

in
Full

CERTIFICATE OF DEATH

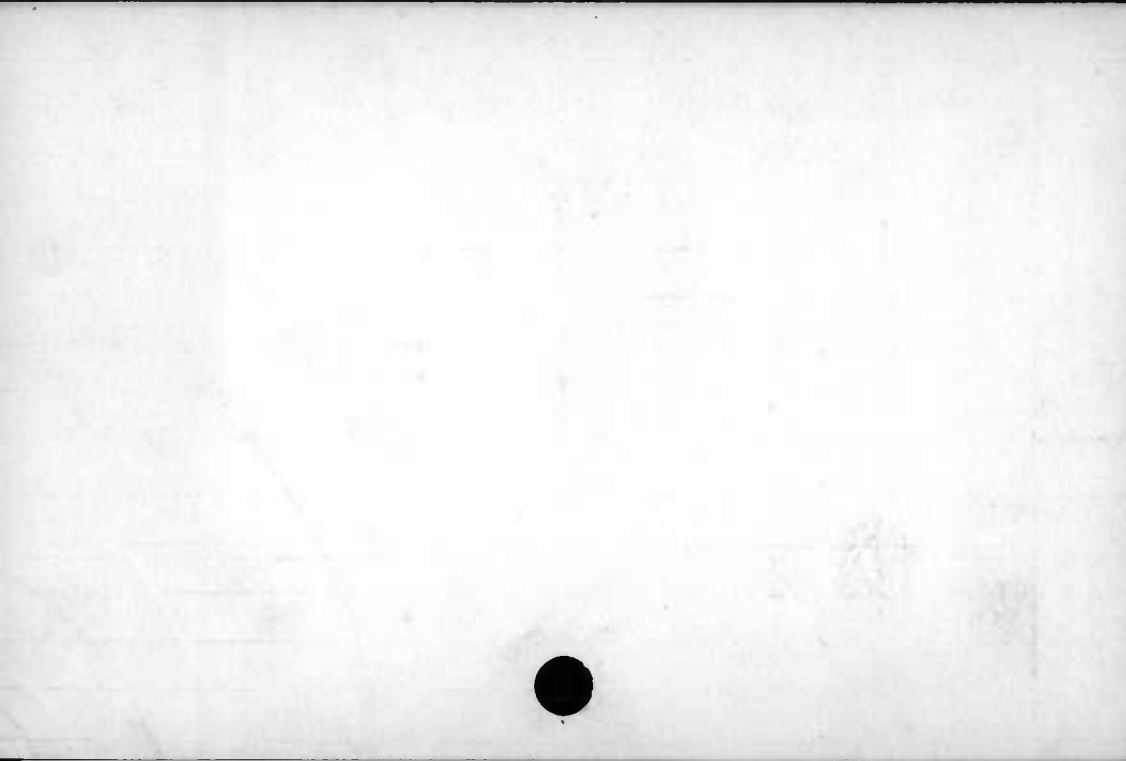
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spinnis Point</i>		Town <i>Spinnis Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Sept.	Day	18	Age	1
Sex	Male	Color or Race	White	Birth-place	<i>Spinnis Point.</i>		
Occupation	<i>Wm</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband			
Father's Name	<i>John Keenan</i>			Father's Birthplace <i>England</i>			
Mother's Maiden Name	<i>Kathleen Langan</i>			Mother's Birthplace <i>Ireland</i>			
Name of person giving information	<i>John Keenan</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gonorrhea</i>	How long	<i>3 weeks.</i>
Immediate	<i>Membranitis.</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank C. Eldred</i>
		Address	<i>Spinnis Point</i>
			<i>Med</i>
Accident or Suicide?			



Name
in
Full

Elizabeth Klingelhofer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>2</i>
Age	<i>54</i>	Months	<i>2</i>	Years	<i>8</i>
Sex	<i>F</i>	Color or Race	<i>W</i>	Birth-place	<i>Germany</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>507 S Clinton St.</i>		
Married, Single or Widowed	<i>M.</i>	Name of Wife or Husband	<i>David Klingelhofer</i>		
Father's Name	<i>Adam Vaupel</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Elizabeth Vaupel</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>David Klingelhofer</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Nephritis. Paralysis</i>	How long	<i>6 days</i>
Immediate	<i>Paralysis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. L. Tumbleson</i>
Accident or Suicide?	<i>No</i>	Address	<i>2013 Banks St Balt. Md</i>

Colonel Custer
Lavel
L. Heermann .

Name
in
Full

Frank W. Koester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

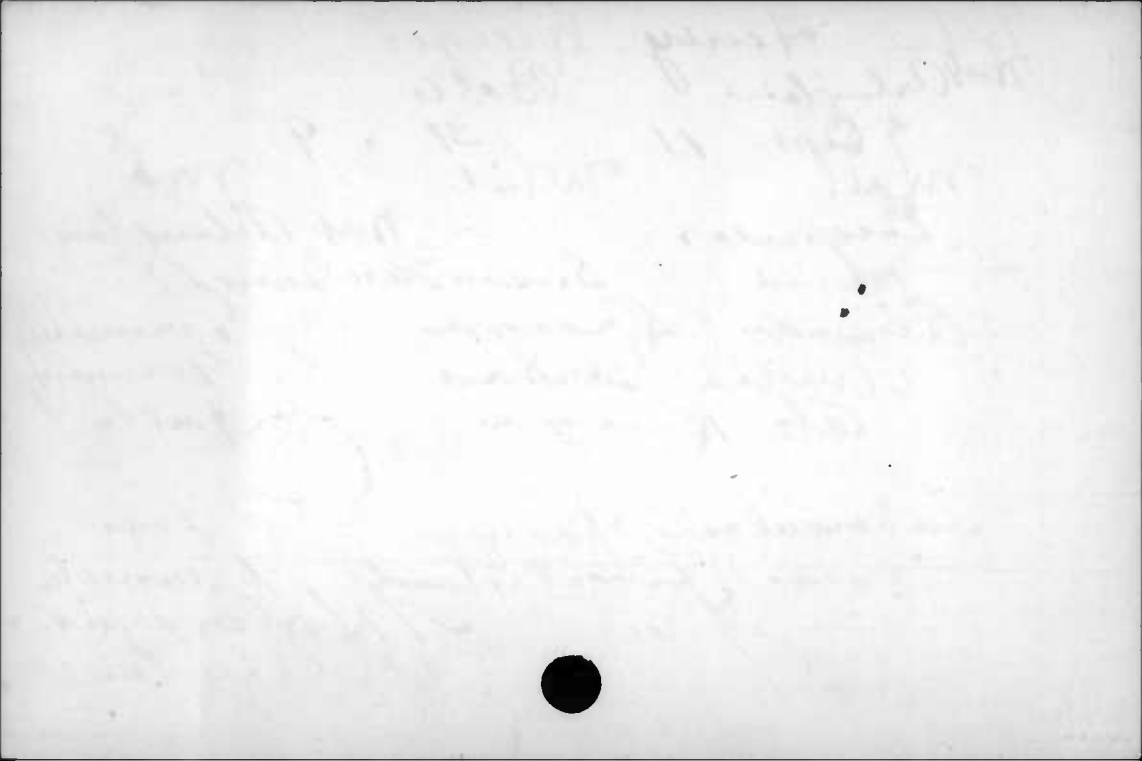
Died at		Town Rossville		County Baltimore		MARYLAND	
Date of death		1907	Month September	Day 18 th	Years 69	Months 8	Days 14
Sex Male		Color or Race White		Birth- place Germany			
Occupation Hammer		Where Residing if not at place of death Rossville					
Married, Single or Widowed		Married		Name of Wife or Husband			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation						How related to deceased	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		Heart trouble		How long	
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John Gellman coroner	
yes		Address		Rossville Baltimore Md	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Henry Greeger</i>		Town <i>West Arlington</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>West Arlington</i>		Date of death 190 <i>3</i> Month <i>Sept.</i> Day <i>11</i>		Age Years <i>31</i> Months <i>9</i> Days <i>8</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>			
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>West Arlington</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan MacGraw</i>					
Father's Name <i>Alexander Greeger</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Amelia Gardner</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Alx Greeger</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>3 Year</i>
Immediate <i>Abscess of Lungs & Exhaustion</i>	How long <i>2 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Cox</i>
	Address <i>Arlington</i>
Accident or Suicide?	

New Cathedral Cem.

MARTIN FAHEY & SONS,

Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.
Telephone 1923.

Name
in
Full

Ralph Lancaster

CERTIFICATE OF DEATH

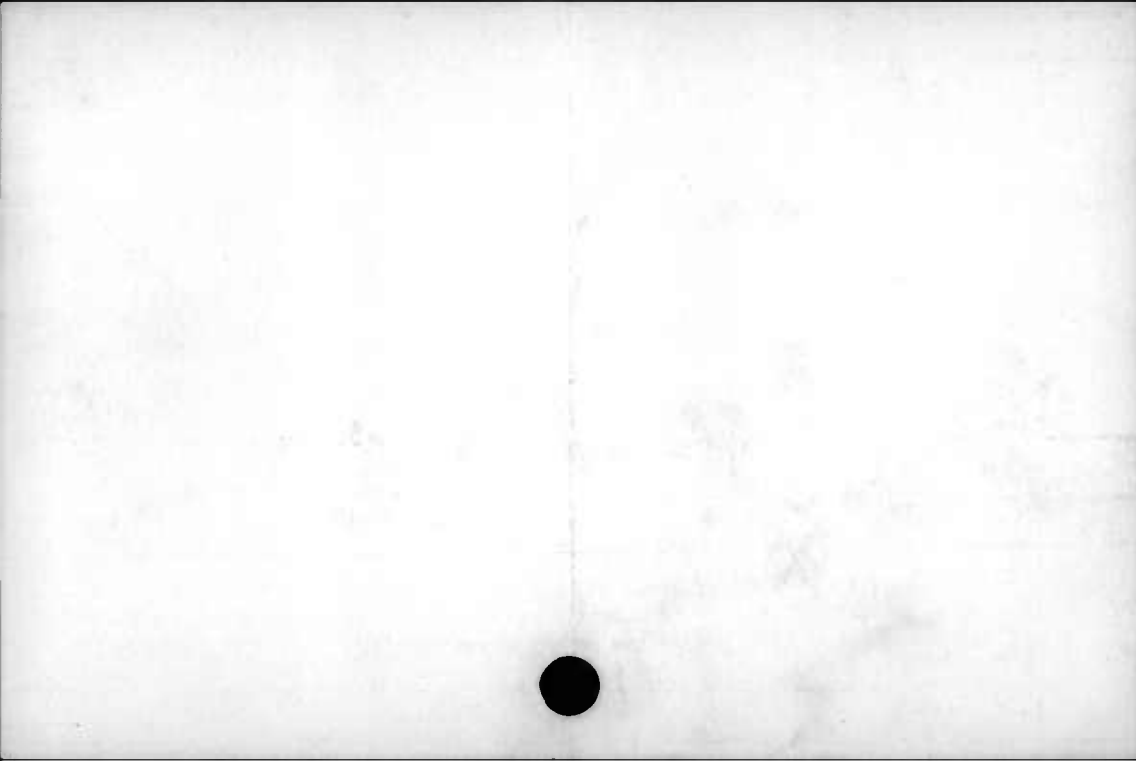
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glen Arin</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Sept.</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Leonard Lancaster</i>			Father's Birthplace <i>Balto. Co. Md.</i>		
Mother's Maiden Name <i>Emma Bower</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Leonard Lancaster</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<i>105</i>	How long <i>all its life</i>
Immediate <i>Enteritis</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician <i>John S. Green</i>
		Address <i>Gittings Md.</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

Emory Sanham

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		9	103	21			
Sex	Male		Color or Race	White		Birth-place	Md
Occupation	Mill Hand		Where Residing if not at place of death		Sparrow's Point		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm Sanham		Father's Birthplace		Md.		
Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown		
Name of person giving information	Wm Sanham		How related to deceased		Father		

TO BE ANSWERED BY
NEAREST FRIEND

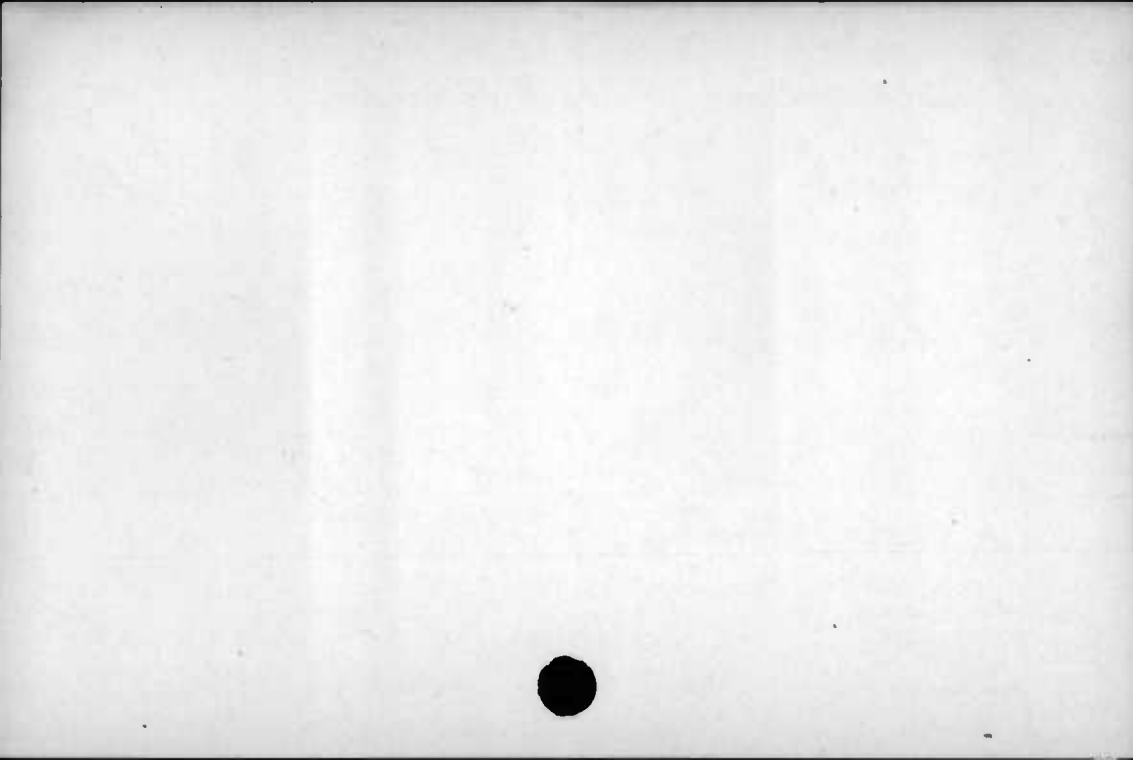
Fell through roof of building while looking for a base ball.

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Accident	Crush of chest	How long
Immediate	Crush of Rib	hemorrhage	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
S			Sparrow's Point Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Vincent L. Covert

Town *Baltimore* County *Baltimore*

Died at *Baltimore*

Date of death 190 *7* Month *9* Day *15* Age *38* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birthplace *Do not know*

Occupation *Cardiner* Where Residing if not at place of death *Do not know*

Married, ~~Male~~ *Yes* Name of Wife or Husband *Do not know*

Father's Name *Do not know* Father's Birthplace *Unknown*

Mother's Maiden Name *Do not know* Mother's Birthplace *Unknown*

Name of person giving information *M. H. Gore* How related to deceased *None*

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary *Accidental Death* How long *—*

Immediate *Frown in back at Electric Park* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Frederick A. Berman M.D.*

Address *Acting Coroner
Baltimore & Arlington Md.*

Accident or Suicide? *—*

Druid Ridge

Name in Full		BENJAMIN LEE				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Western Run P.O.		County Baltimore		MARYLAND	
	Date of death	1907	Month Sept	Day 19	Years about 74	Months	Days
	Sex	Male		Color or Race	Colored		
	Occupation	Laborer			Birth place	Belfort Md	
	Where Residing if not at place of death	Western Run P.O. Md					
	Married, Single or Widowed	Married		Name or Wife or Husband	Sarah Jane Lee		
	Father's Name	Benjamin Lee			Father's Birthplace	Don't Know	
PHYSICIAN OR CORONER	Mother's Maiden Name	Ruth			Mother's Birthplace	" "	
	Name of person giving information	George E. Lee			How related to deceased	Son	
	CAUSES OF DEATH						(119)
	Primary	Acute Bright's				How long	10 weeks
Immediate	Uremia, Convulsions, Exhaustion				How long	12 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. C. Drach M.D.	
					Address	Butler Md.	
	Accident or Suicide?						

Funeral at Stearns
Chapple Saturday
Sep 21

W. C. Brooks.

Name
in
Full

Myrtle Lee.

CERTIFICATE OF DEATH

Died at ^{Town} Bear Creek.^{County} Baltimore

MARYLAND

Date of death 1907 Sept 22

Age 15

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Balto Co Md

Occupation

None

Where Residing if not
at place of death

218 First street Balto Co Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

No husband

Father's
Name

Joseph Lee.

Father's
Birthplace

Balto Md

Mother's
Maiden Name

Catharine Hoffenberg.

Mother's
Birthplace

Balto Co Md.

Name of person giving
In formation

Geo. T. Schreck

How related
to deceased

Uncle

CAUSES OF DEATH

172

Primary

Accidental Drowning

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

David A. Thompson

Address

1500 Highland Ave

Accident or Suicide?

Accidental

Baltimore County Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

W. H. Carmel
H. Sanderson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry J. Lehner

Died at *Lansdown* *Baltimore* *Maryland*

Date of death *Sept 6* *Sept* *6* *1907* Age *22* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Booker* Where Residing if not at place of death *Balt Co*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Michael Lehner* Father's Birthplace *Europe*

Mother's Maiden Name *Margaret Albert* Mother's Birthplace *Md*

Name of person giving information *Margaret Lehner* How related to deceased *Mother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis Pulmonary* How long *7 months*

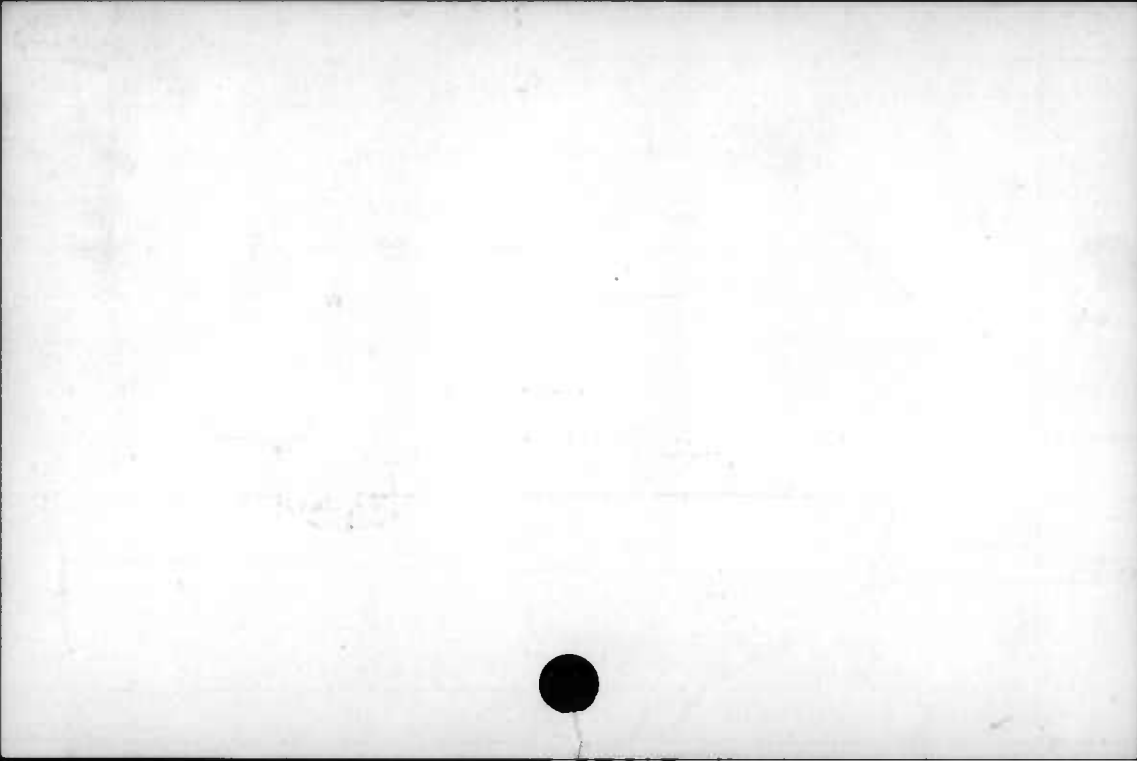
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Herbert C Blake M.D.*

Address *1014 N La Fayette*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Helen E Leuhoff</i>		Town <i>Gorans</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Gorans</i>							
Date of death	1907	Month	<i>Sept</i>	Day	<i>20</i>	Age	Years <i>11</i> Months <i>10</i> Days
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Balto Co</i>		
Occupation				Where Residing if not at place of death <i>Gorans</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband					
Father's Name	<i>Francis W Leuhoff</i>				Father's Birthplace	<i>Balto</i>	
Mother's Maiden Name	<i>Della Green</i>				Mother's Birthplace	<i>Balto Co</i>	
Name of person giving information	<i>F W Leuhoff</i>				How related to deceased	<i>father</i>	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho pneumonia</i>	How long	<i>5 d 9</i>
Immediate	<i>Asphyxiation</i>	How long	<i>1 hr.</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>McHeslin</i>	
Address		<i>Gorans Ind.</i>	
Accident or Suicide?		<i>neither</i>	

Burial at
Westmead.

Sept. 22/07.

Wm. Cook

Name
in
Full

Annice Catherine Ling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept.</i>	Day <i>7</i>	Age <i>2</i>	Years <i>7</i> Months <i>7</i> Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>Andreas Ling</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Anna Maria Muth</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Andreas Ling</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-enteritis</i>	<i>106</i>	How long <i>2 weeks</i>
Immediate <i>meningitis</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Reino G. Drabach</i>	
	Address <i>121 Jackson Square Baltimore Md</i>	
Accident or Suicide?		

Sacred Heart Cemetery

Sept. 10th 1907

Germanus France

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Isabella Logan</i>		Town <i>Highlandtown</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Highlandtown</i>		Month <i>Sept.</i>		Day <i>4</i>		Age <i>67</i>	
Date of death <i>1907</i>		Months <i>7</i>		Years <i>4</i>		Days <i>67</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>			
Occupation <i>A one</i>		Where Residing if not at place of death <i>213 Foster ave</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Alex. Logan</i>					
Father's Name <i>James Scott</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Port Brown</i>		Mother's Birthplace <i>!!</i>					
Name of person giving information <i>Isabel Ware</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary <i>Heart. Failure</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature <i>David A Thompson</i>	
<i>—</i>		Address <i>1500 Highland Ave.</i>	
Accident or Suicide? <i>—</i>		<i>Baltimore County Md.</i>	

J - Theron

Int Counsel

Name
in
Full

CERTIFICATE OF DEATH

Martha C. Long

Town

County

MARYLAND

Died at

Mar Austinstown

Baltimore

Date

of death

1907

Month

Sept

Day

9

Age

Years

-

Months

2

Days

Sex

Female

Color or
Race

white

Birth-
place

Baltimore Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Ellie Long

Father's
Birthplace

Baltimore Md

Mother's
Maiden Name

Stendrick Uhler

Mother's
Birthplace

" " "

Name of person giving
In formation

Edward Long

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Maremma

151

How long

Six weeks

Immediate

Heart failure

How long

about one
monthAre the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

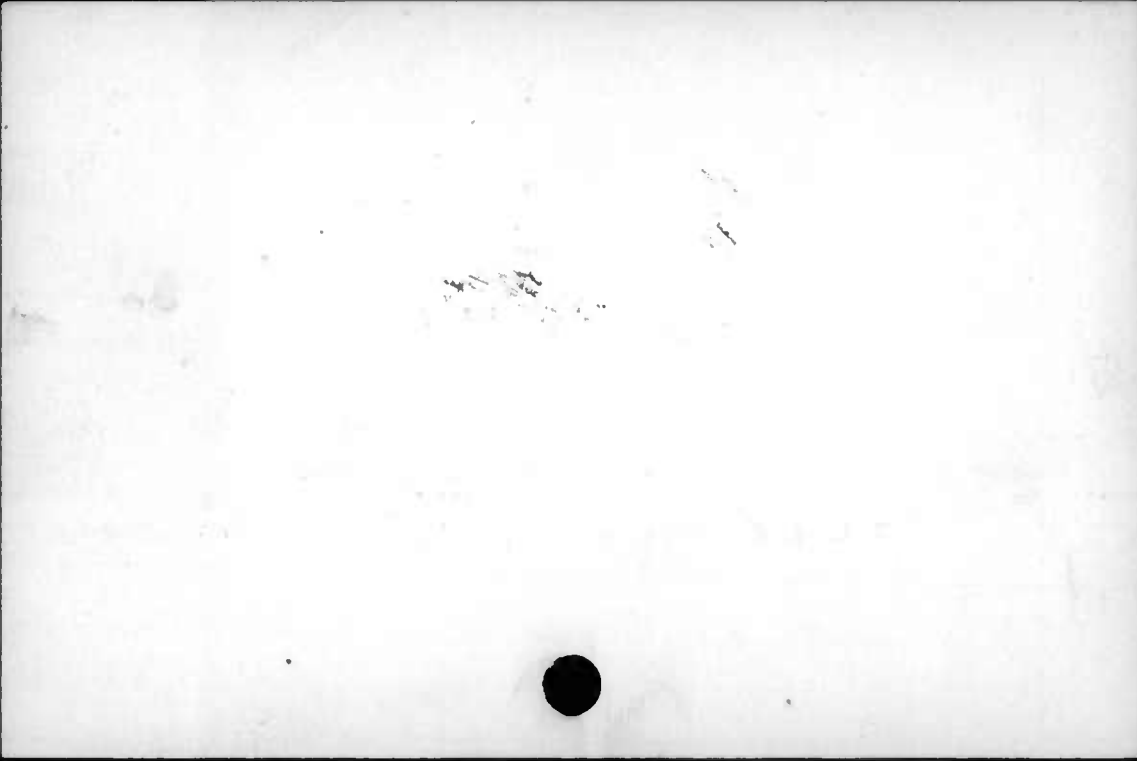
W. H. Campbell.

Address

Green's Mills Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William H. Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highland</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Sept.</i> ^{Day} <i>8</i>		Age ^{Years} <i>67</i>		^{Months} <i>3</i> ^{Days} <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>Mariner</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William P. Long</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary R. Gray</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>William P. Long</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	<i>66</i>	How long <i>4 days</i>
Immediate <i>11</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Hermon</i>	Address <i>156 Madison Baltimore</i>
Accident or Suicide? <i>—</i>		

Dr. Hearn
Millman Ave

London Park

H. Sanderson

Name
in
full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrows Point</i> ^{Town} <i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Sept.</i> ^{Month}	<i>2</i> ^{Day}	<i>0</i> ^{Years}
<i>8</i> ^{Months}	<i>22</i> ^{Days}		
Sex <i>male</i>	Color or Race <i>Negro</i>	Birth-place <i>Balto.</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>Sparrows Point</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Henry J. Llover</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Rosa Pass.</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Henry J. Llover</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Uterine Cancer</i>	How long
Immediate	<i>Natural Causes</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Blain (Carson)</i>
		Address <i>Sparrows Point Md.</i>
Accident or Suicide? <i>—</i>		

Alut H Ennoly
1578 W. Under Lake
Lancel Lennetey

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Camden* Town*Baltimore* CountyDate of death *1907* Month *Sept.*Day *3*

Age

Years

Months *3*Days *12*Sex *Female*Color or
Race*white*Birth-
place*Manland*

Occupation

*none*Where Residing if not
at place of death*601 Broad St*Married, Single
or Widowed*Single*Name of Wife or
Husband*none*Father's
Name*Gustav Lukate*Father's
Birthplace*Germany*Mother's
Maiden Name*Elizabeth Lukate*Mother's
Birthplace*"*Name of person giving
information*"**"*How related
to deceased*Mother*

CAUSES OF DEATH

179

Primary

Marasmus

How long

7 Days

Immediate

Natural Causes

How long

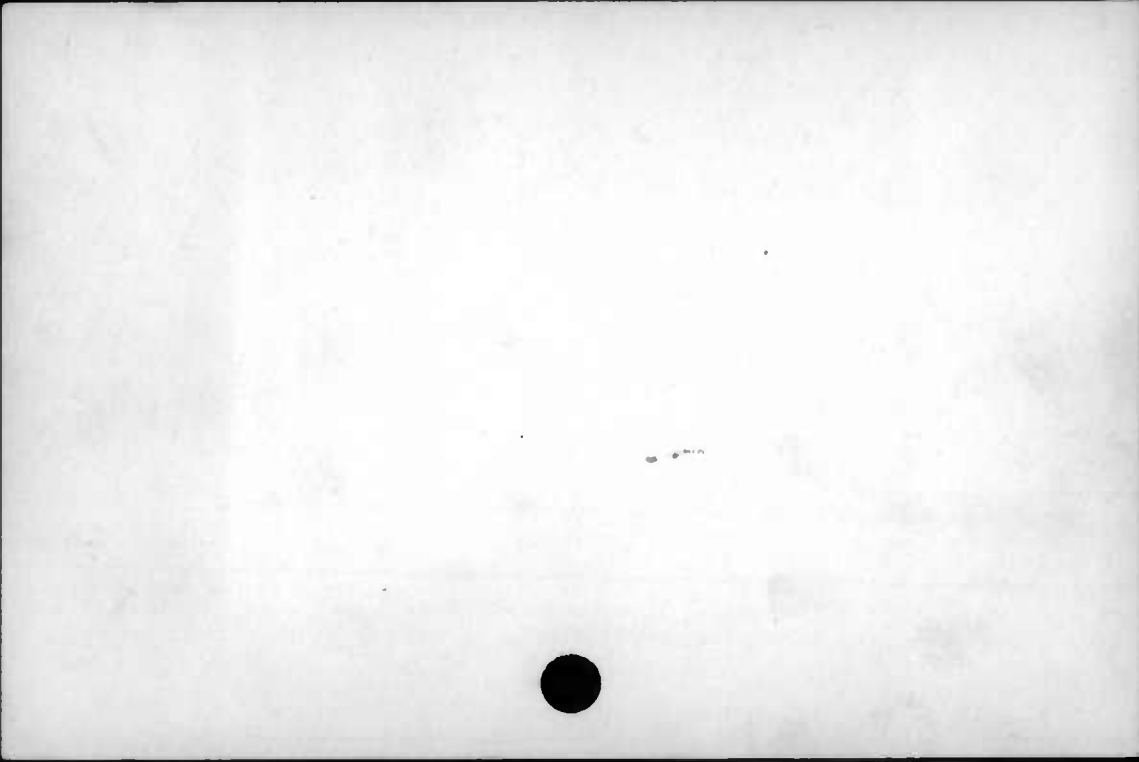
*5 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*P. A. Drummigan*

Address

203 Loone St

Accident or Suicide?

*Natural**error*



Name
in
Full

Infant. W. E. & Maud. B. Lunny

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fall Rts + Cool Spring Lane</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>11</i>		Age <i>Premature</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Months <i>5 months</i>		Days	
Birth-place <i>Fall Rts + Cool Spring Lane</i>		Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		(S)			
Father's Name <i>W. E. Lunny</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Maud. B. Colles</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Harry C. Alyrie M.D.</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>5 months Premature</i>		(S)	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Alyrie M.D.</i>	
		Address <i>340 Roland Park</i>	
Accident or Suicide?			

A S Marshall

3539 Falls Road

St. Mary, D

Sept 12 - 1907

Name
in
Full

Marie a McAllister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Raspensburg		County Baltimore		MARYLAND	
Date of death		1907	Month Sept	29	Age 49	Years	Months —
Sex Female		Color or Race white		Birth- place Baltimore			
Occupation Housewife		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Geo. W. McAllister					
Father's Name Frederick Meeske		Father's Birthplace Germany					
Mother's Maiden Name Mary Eberhart		Mother's Birthplace Baltimore					
Name of person giving In formation Wm H Meeske		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Uræmia	(119)	How long	Four hours
Immediate	Coma		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician Joseph B. Webster M.D.	
			Address Raspensburg Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Not Named McCall*

Town *Roslyn* County *Baltimore* MARYLAND

Died at *Roslyn*

Date of death *1907 Sept 10* Age *---* Months *1* Days *5*

Sex *Female* Color or Race *White* Birth-place *Roslyn Baltimore*

Occupation *Child* Where Residing if not at place of death *---*

Married, Single or Widowed *Child* Name of Wife or Husband *---*

Father's Name *Allen McCall* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Francis E. Fisher* Mother's Birthplace *Maryland*

Name of person giving information *Mother* How related to deceased *Mother*

CAUSES OF DEATH

192

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *2 weeks*

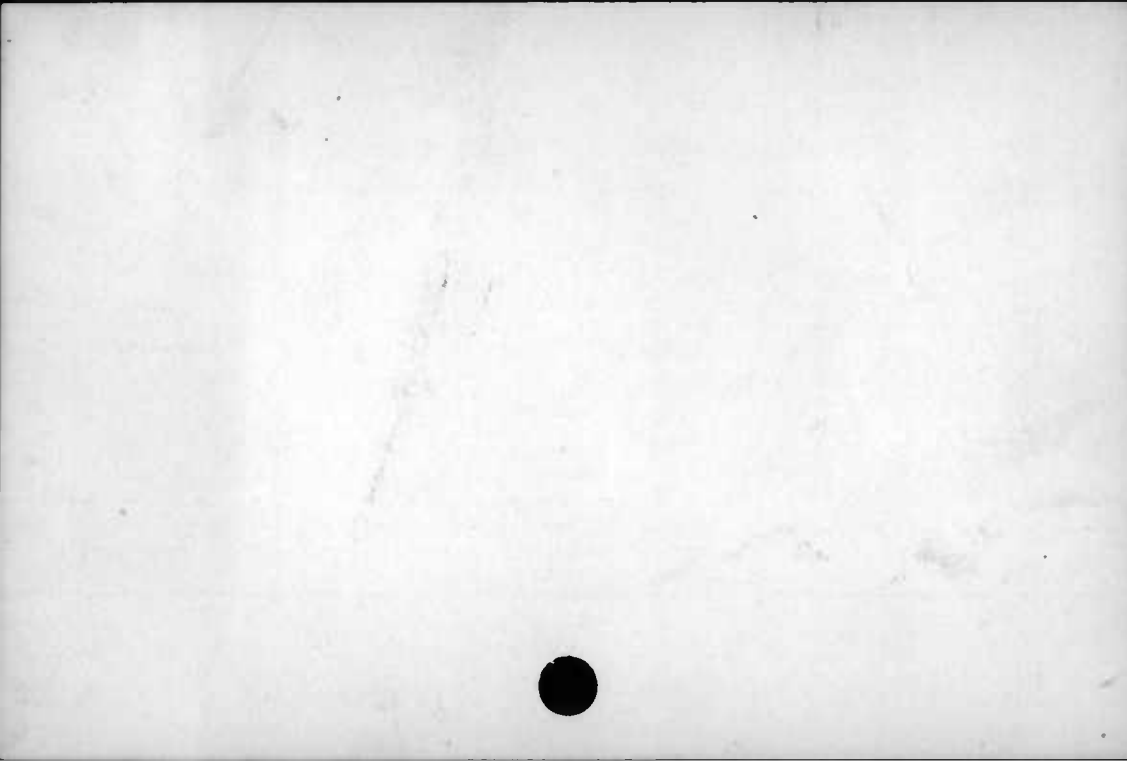
Immediate *Bronchio Pneumonia acute* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Wm. J. B. B. B.*

Address *Roslyn Baltimore Md*

Accident or Suicide? *Q*



Name
in
FullSarah Murray M^{rs} Lanahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodbrook</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Sep</i> <small>Month</small>	<i>16</i> <small>Day</small>	<i>86</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Albany Va</i>		
Occupation <i>No occupation</i>			Where Residing if not at place of death <i>2310 Chest St Baltimore, Md</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Don't Know</i>		<i>E. M. A. M. Lanahan</i>		
Father's Name <i>Don't Know</i>	Father's Birthplace <i>Don't Know</i>				
Mother's Maiden Name <i>Don't Know</i>	Mother's Birthplace <i>Don't Know</i>				
Name of person giving information <i>Miss Ely Murray</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion.</i>	<i>104</i>	How long <i>24 hours.</i>
Immediate <i>Collapse -</i>		How long <i>4 or 5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Hocking M.D.</i>	Address <i>Sta St. Baltimore Md</i>
Accident or Suicide?		

G. F. Walker

723. On Lafayette Ave.
Baltimore Md

Name
in
Full

Viola Mc Nally

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Texas</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1907	Month	Sept.	Day	8
Sex	female	Color or Race	white	Years	8
Occupation		Birth-place	Texas Md	Months	
		Where Residing if not at place of death <u>do</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Diels Mc Nally</u>		Father's Birthplace	
Mother's Maiden Name		<u>Blissie Jacobs</u>		Mother's Birthplace	
Name of person giving information		<u>D. Mc Nally</u>		How related to deceased	
				<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Martainus</u>	How long	<u>8 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>B. V. Boney</u>	
		Address	
		<u>Texas Md.</u>	
Accident or Suicide?			

Funeral at St. Joseph
Cemetery Texas Tuesday
Sep 10.

M. C. Brooks

Name
in
Full

Grace M Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Sept</i> ^{Day}	<i>2nd</i> ^{Years}	<i>Age 25</i> ^{Months}	<i>not known</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>None</i>		Birth-place	<i>Baltimore</i>	
Where Residing if not at place of death			<i>Baltimore Md -</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>not known</i>			Father's Birthplace	<i>not known</i>
Mother's Maiden Name	<i>" "</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Recd Mt Hope Retreat</i>			How related to deceased	<i>not at all.</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Dementia -</i>	How long	
Immediate	<i>Ex - Gastritis Chr - Toxic -</i>	How long	<i>over one year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Frank J Flannery</i>	
		Address	
		<i>Mt Hope Retreat</i>	
Accident or Suicide?			



Name
in
Full

Mary Ann Edwards Ester Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death 1907	Month <i>Sept</i>	Day <i>11</i>	Age <i>5</i> Months <i>5</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Towson</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Jess Brown</i>	Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Josephine Welch</i>	Mother's Birthplace <i>Towson</i>		
Name of person giving information <i>1</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Morbus mris</i>	How long <i>3 mths</i>
Immediate <i>Fracture</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Shuman</i>
	Address <i>Biderick</i>
Accident or Suicides? <i>—</i>	

Robert A Elliott
underwritten

Name
in
Full

Eva Magenhardt,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Houghtlandton</i>		County <i>Balto</i>		MARYLAND	
Date of death	1907	Month	9	Day	5
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Houghtlandton</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Geo. Magenhardt</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Eva Magenhardt</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Frank Blackburn</i>			How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 weeks</i>
Immediate	<i>Meningitis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Schofield</i>	
		Address <i>1400 Forest St.</i>	
Accident or Suicide?			

Oak Lawn Cem.
Heming for

9/5/07

Name
in
Full

Howard Maglidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Sept	17	Age 30			
Sex	Male	Color or Race	White	Birth-place	Baltimore Co.		
Occupation	Formerly Soldier in U.S. Army			Where Residing if not at place of death	✓		
Married, Single or Widowed	Single		Name of Wife or Husband	✓			
Father's Name	William Maglidt			Father's Birthplace	Parkville		
Mother's Maiden Name	Elmira Maglidt			Mother's Birthplace	Baltimore		
Name of person giving information				How related to deceased	Mother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Pulmonary Tuberculosis three years	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	H. L. Smith
	Address
	Rider.
	Med
Accident or Suicide?	
✓	

Saders Cemetery

Balto Co

Md

John Burns Sons
Funeral Directors.

Towson.

Md.

Furnigalib Sept 20th 1909

Name
in
Full

CERTIFICATE OF DEATH

Hanora Malone

TO BE ANSWERED BY
NEAREST FRIEND

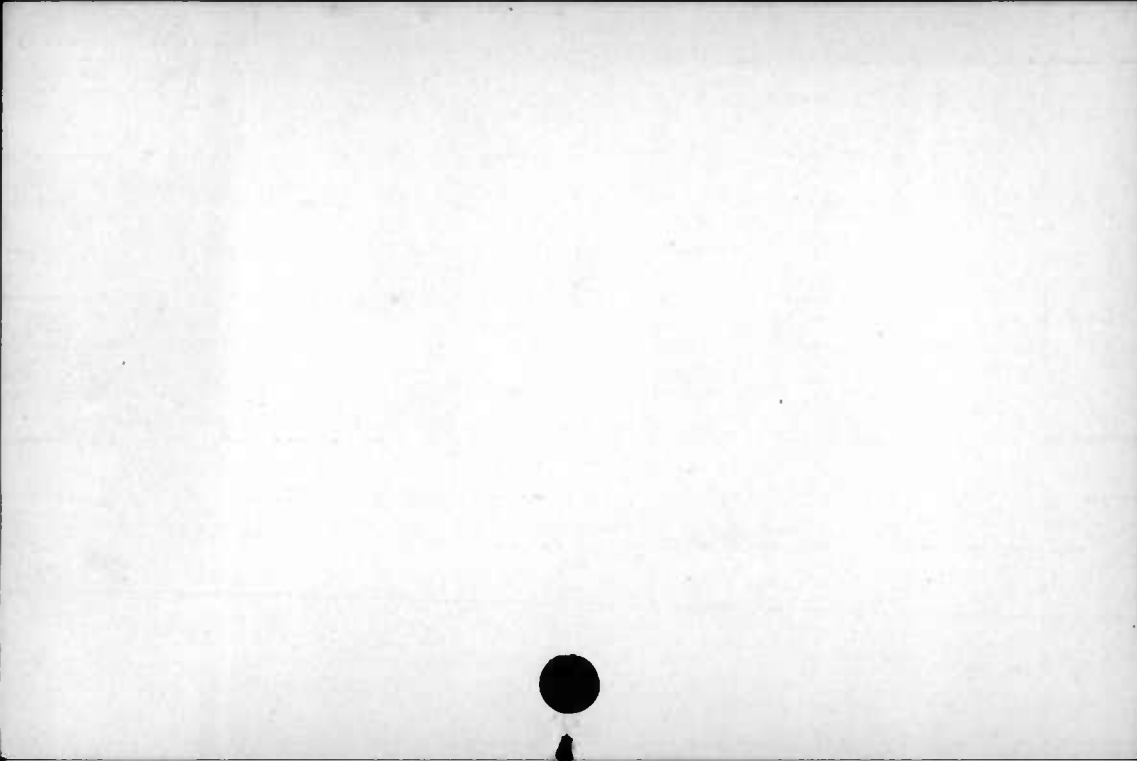
Died at <u>Net Hope Retreat</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>30</u> ^{Month}	<u>Sept, 30</u> ^{Day}	<u>Monday</u> ^{Year}	<u>5</u> ^{Months}	<u>2</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ireland</u>
Occupation	<u>Labour (domestic)</u>		Where Residing if not at place of death	<u>1003 Ashland ave Balt</u>	
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u>James Malone</u>	
Father's Name	<u>Not Known</u>		Father's Birthplace	<u>unknown</u>	
Mother's Maiden Name	<u>" "</u>		Mother's Birthplace	<u>" "</u>	
Name of person giving information	<u>James Malone (husband)</u>		How related to deceased	<u>not at all</u>	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<u>Senile Mania (acute)</u>	How long	<u>about five weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes -</u>		<u>Frank J. Flannery M.D.</u>	
		Address	
		<u>Net Hope Retreat -</u>	
Accident or Suicide?			
<u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>23</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Chas Marcello</i>			Father's Birthplace <i>Italy</i>		
Mother's Maiden Name <i>Guida Marcello</i>			Mother's Birthplace <i>Italy</i>		
Name of person giving information <i>Chas Marcello</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Birth</i>	<i>S</i> How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. S. Warner</i>
<i>J</i>	Address <i>1120 Highland av</i>
Accident or Suicide?	

Hendell & Sons
Of Vincent-Cremery

Name in Full		Child of David W. Susie A. Markley						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tammerville		County		Bullo		MARYLAND		
	Date of death	1907	Month	Sept.	Day	28	Age	Years	Months	Days
	Sex	Female		Color or Race		White		Birth-place		Tammerville
	Occupation			Where Residing if not at place of death						
	Married, Single or Widowed	Single		Name of Wife or Husband						
	Father's Name	David W. Markley					Father's Birthplace		Bullo Md	
	Mother's Maiden Name	Susie A. Endicott					Mother's Birthplace		Bullo Co	
Name of person giving information	David W. Markley					How related to deceased		Father		
PHYSICIAN OR CORONER	CAUSES OF DEATH									
	Primary	asphyxiation during birth					How long		15-2	
	Immediate						How long			
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician		Dr. H. G. E. Vogler	
	Accident or Suicide?						Address		1232 E. North Ave.	

Burial at
Edman Cemetery.

Sept 29/907.

Wm Cook ~~2~~

Name
in
Full

Mary Martel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Canton* Town*Baltimore* County

MARYLAND

Date of death *1907* Month *Sept.* Day *26*Age *40* YearsMonths *5*

Days

Sex

*Female*Color or
Race*White*Birth
place*Germany*

Occupation

*Housework*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of ~~Wife~~
Husband*Joseph Martel*Father's
Name*Johan Gesslbeck*Father's
Birthplace*Germany*Mother's
Maiden Name*don't know*Mother's
Birthplace*Germany*Name of person giving
information*Joseph Martel*How related
to deceased*husband*

CAUSES OF DEATH

*40*PHYSICIAN
OR CORONER

Primary

Cancer of Stomach

How long

1 year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

A. Warner
1124 Highland Ave

Accident or Suicide?

no

Sacred Heart Cemetery

Sept. 28th 1907

Germanus Franke

less des later

Name
in
Full

Hilda Virginia Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cella</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Sept</i> <small>Month</small>		<i>6</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>—</i> <small>Days</small>
<i>Female</i> <small>Sex</small>		<i>Color</i> <small>Color or Race</small>	<i>Ind-</i> <small>Birth-place</small>		
<i>none</i> <small>Occupation</small>		<i>Cella</i> <small>Where Residing if not at place of death</small>			
<i>infant</i> <small>Married, Single or Widowed</small>		<i>infant</i> <small>Name of Wife or Husband</small>			
<i>Resaly Matthews</i> <small>Father's Name</small>		<i>Ind</i> <small>Father's Birthplace</small>			
<i>Mary E. Hall</i> <small>Mother's Maiden Name</small>		<i>Ind</i> <small>Mother's Birthplace</small>			
<i>Robert Matthews</i> <small>Name of person giving information</small>		<i>brother</i> <small>How related to deceased</small>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

<i>Primary</i> <small>Primary</small>	<i>Cholera Infantum</i>	<i>How long</i> <small>How long</small>	<i>2 days</i>
<i>Immediate</i> <small>Immediate</small>	<i>Convulsions</i>	<i>How long</i> <small>How long</small>	<i>1 1/2 hr</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. C. L. Hallfeldt?</i>	
<i>8</i>		Address <i>Health Officer</i>	
Accident or Suicide?		<i>Catonsville Ind</i>	



Name
in
Full

W. H. Matthrair Jr.

CERTIFICATE OF DEATH

Died at Pachepville Town Balto County

Date of death 1907 September 6th 6 Years 4 Months 4 Days

Sex Female Color or Race White Birth-place Pachepville

Occupation — Where Residing if not at place of death —

Married, Single
or Widowed —Name of Wife or
Husband —Father's
NameW. H. MatthrairFather's
BirthplaceLaborerMother's
Maiden NameAmelia MatthrairMother's
BirthplaceHouse-wifeName of person giving
In formationW. H. MatthrairHow related
to deceasedFather

CAUSES OF DEATH

157

Primary

Marasmus

How long

4 weeks

Immediate

Cardiac Asthenia

How long

1 dayAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianA. C. Smith

Address

Woodlawn Stn
Md

Accident or Suicide?

—TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A S Marshall
3539 Fall Road
Ridge Cemetery, (Dickysville)

Dr Matfeldt, Catonsville

Name
in
Full

Frank P. Mattson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Texas</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>18</i>	Age <i>17</i>	Years <i>9</i>	Months <i>1</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Unknown</i>	Where Residing if not at place of death <i>304 Hudson St</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John G. Mattson</i>	Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Ind.</i>						
Name of person giving Information <i>John G. Mattson</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary Cause <i>Tuberculosis of Lungs, Knee joints and Lymphatic glands</i>	How long <i>Since his admission to Institution</i>
Immediate Cause	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos. C. Bussey</i>
	Address <i>Texas, Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

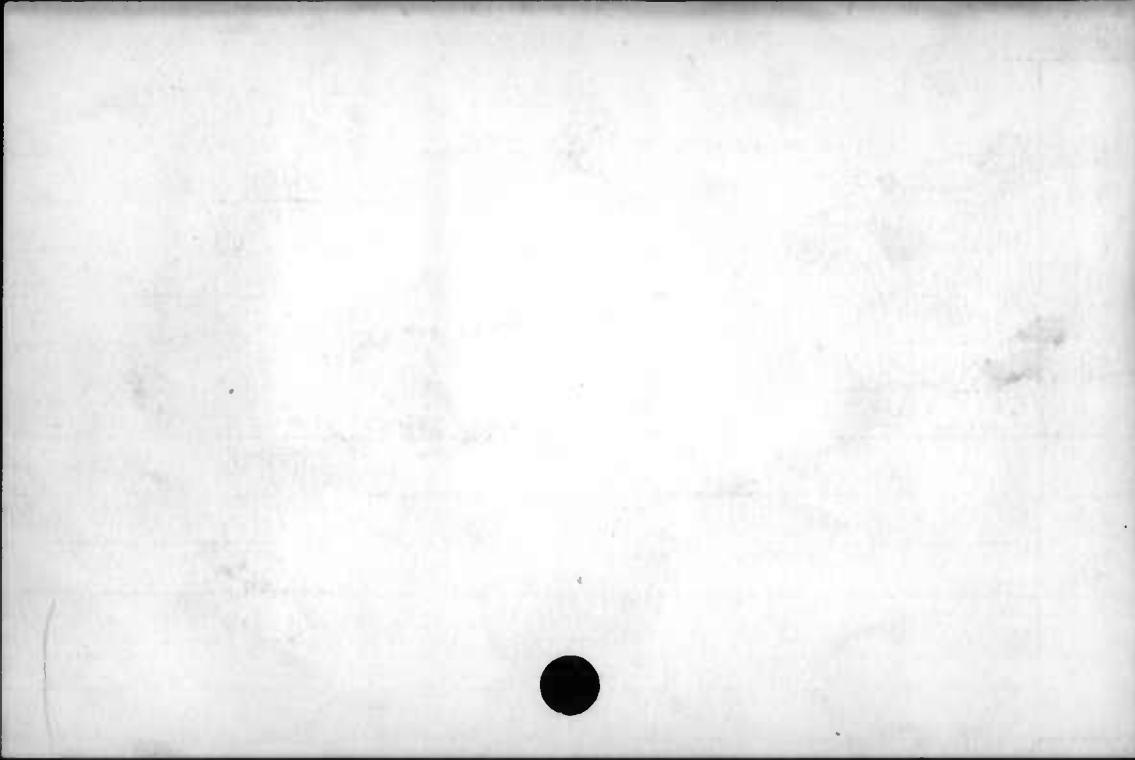
Zirkler & Zirkler

1739 E. Eager st

Oak Lawn Cemetery

Baltimore county.

Name in Full		John Matthew Mattson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	North Point Rd.		Bacto.		MARYLAND	
	Date of death	1907	Month Sept.	Day 15	Age	Years —	Months —
	Sex	male		Color or Race	white		Birth-place
	Occupation	none		Where Residing if not at place of death		North Point Rd.	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	John Matthew Mattson				Father's Birthplace	md.
	Mother's Maiden Name	Irene work				Mother's Birthplace	md.
	Name of person giving information	John Matthew Mattson				How related to deceased	Father
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center; font-size: 2em; font-weight: bold;">131</div>							
PHYSICIAN OR CORONER	Primary	Premature birth				How long	6 mos.
	Immediate	Inanition				How long	2 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?				41 East Ave. E.		



Name
in
Full

Summerville B. Medary

CERTIFICATE OF DEATH

MARYLAND

Died at Alt Washington ^{Town}Balto. ^{County}Date
of death 1907 ^{Month} Sept.20 ^{Day}Age 46 ^{Years}

Months

Days

Sex MaleColor or
Race WhiteBirth-
place Balto. City.Occupation Merchant.Where Residing if not
at place of death -Married, Single
or Widowed MarriedName of Wife or
Husband Ray MedaryFather's
Name Jacob H. MedaryFather's
Birthplace Balto CityMother's
Maiden Name Caroline KeiserMother's
Birthplace Balto City.Name of person giving
Information Mrs. Chappell.How related
to deceased Sister in Law

CAUSES OF DEATH

27

Primary Phthisis PulmonalisHow long
About 8 moImmediate ExhaustionHow long
12 hrs.Are the name, age, sex, color, date
and place correctly given above?Yes.Signature of
PhysicianH. Robert Reich M.D.

Address

846 N. Eutan St.Baltimore Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

E. M. Mather

Thrummont

Name
in
Full

Hannah Elizabeth Henshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Gorantown ^{County} Baltimore MARYLAND

Date of death 1907 ^{Month} Sept ^{Day} 6 Age ^{Years} 8 ^{Months} 2 ^{Days} 4

Sex Female Color or Race white Birth-place Maryland

Occupation None Where Residing if not at place of death at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name Moses Merrill Father's Birthplace Maine

Mother's Maiden Name Catherine McElatchie Mother's Birthplace Baltimore

Name of person giving information Miss Annie Henshaw How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysentery 14 How long 2 weeks

Immediate Exhaustion How long 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. U. Duncan

Address Gorantown Md.

Accident or Suicide?

Joseph B Cook
1010 3rd Baltimore St -

Mt Olive Cemetery
September 9. 1907.

Name
in
Full

Mrs Margaret Ann Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Therman</i> Town		<i>Batts</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>70</i>	Months <i>1</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Falls Road</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or <i>Thomas Miller</i> Husband				
Father's Name <i>Elijah Brunsen</i>	Father's Birthplace <i>Black Rock</i>				
Mother's Maiden Name <i>Margaret Hoover</i>	Mother's Birthplace <i>Fronten Md</i>				
Name of person giving information <i>Mrs Ada Miller</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary <i>Hepatic Abscess</i>	How long <i>4 weeks</i>
Immediate <i>Sepsaemia</i>	How long <i>5 days</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

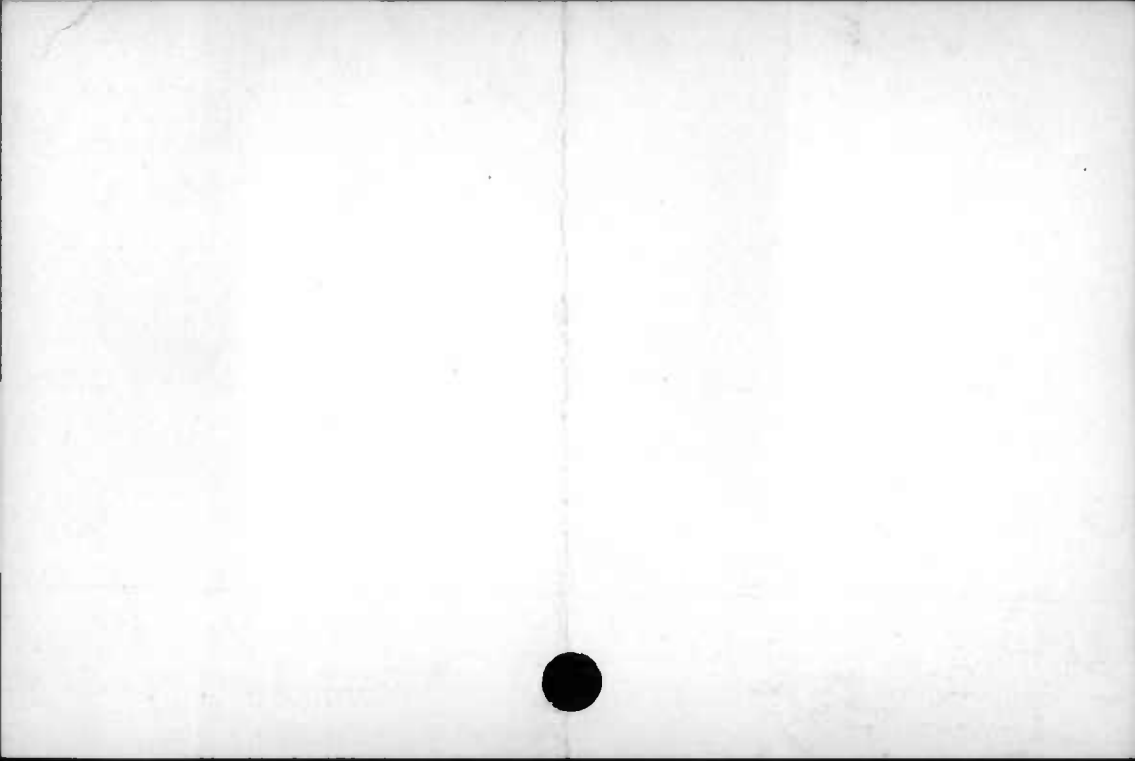
Signature of Physician

Dr M B Brunsen

Address

Backsville Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDName *John F. Mooney* Town *Net Hope Retreat* County *Balto*Died at *Net Hope Retreat* Date of death *1907* Month *Sept* Day *9* Age *24* Years Months *not known* Days *—*Sex *Male* Color or Race *White* Birth-place *Baltimore*Occupation *Student* Where Residing if not at place of death *Baltimore*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Not known* Father's Birthplace *Not known*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *Reeds Net Hope* How related to deceased *Not at all*

CAUSES OF DEATH

27

Primary *Melancholia Chr.* How long *over 4 years*Immediate *Ex-Pul. Tuberculosis* How long *over 4 years*Are the name, age, sex, color, date and place correctly given above *Yes*Signature of Physician *Frank J. Flannery*Address *Net Hope Retreat
Baltimore Co Md.*Accident or Suicide? *—*



Name
in
Full

Daniel J Moran

CERTIFICATE OF DEATH

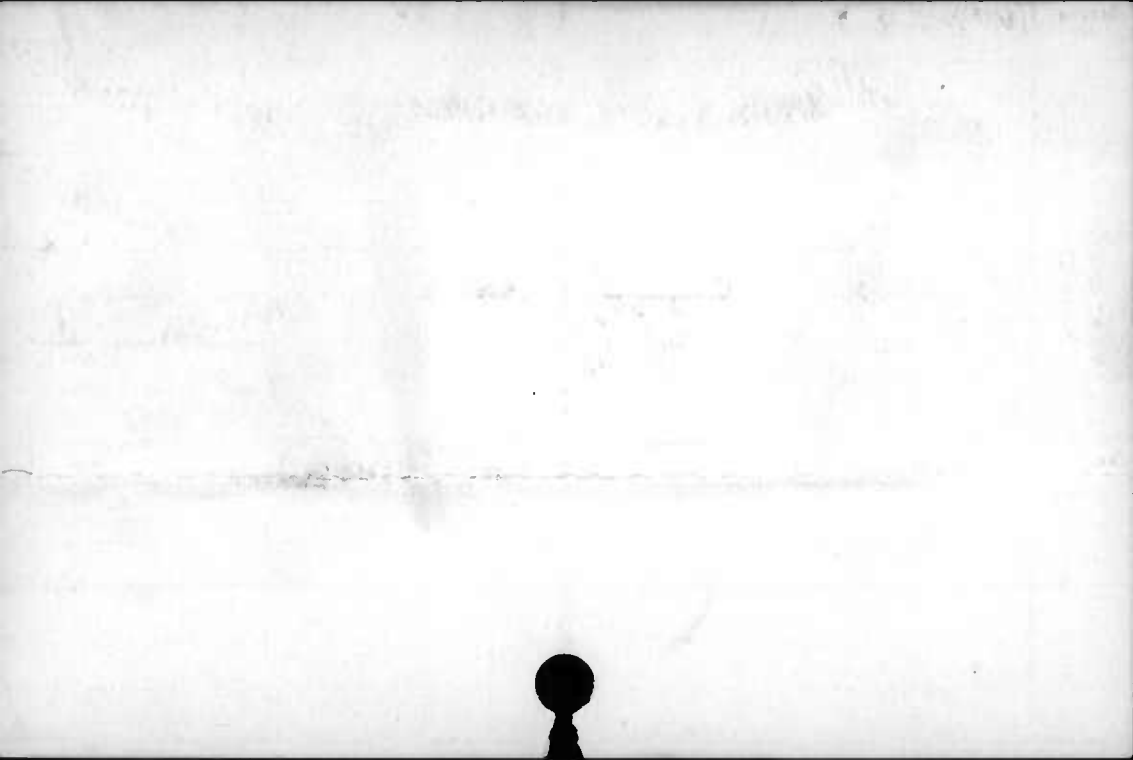
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>14th</i>	Years <i>47</i>	Months <i>11</i>	Days <i>6</i>
Sex <i>Male.</i>		Color or Race <i>White</i>		Birth-place <i>Callegary Co Maryland</i>	
Occupation <i>Hotel Keeper</i>		Where Residing if not at place of death <i>Lonscoring Md.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bridget Moran</i>			
Father's Name <i>Daniel Moran</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Frank Ryan</i>		How related to deceased <i>Brother-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic alcoholism</i>	How long <i>2 yrs.</i>
Immediate <i>"Wet Brain"</i>	How long <i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. H. Hazen M. D.</i>
	Address <i>St. Agnes Hospital.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

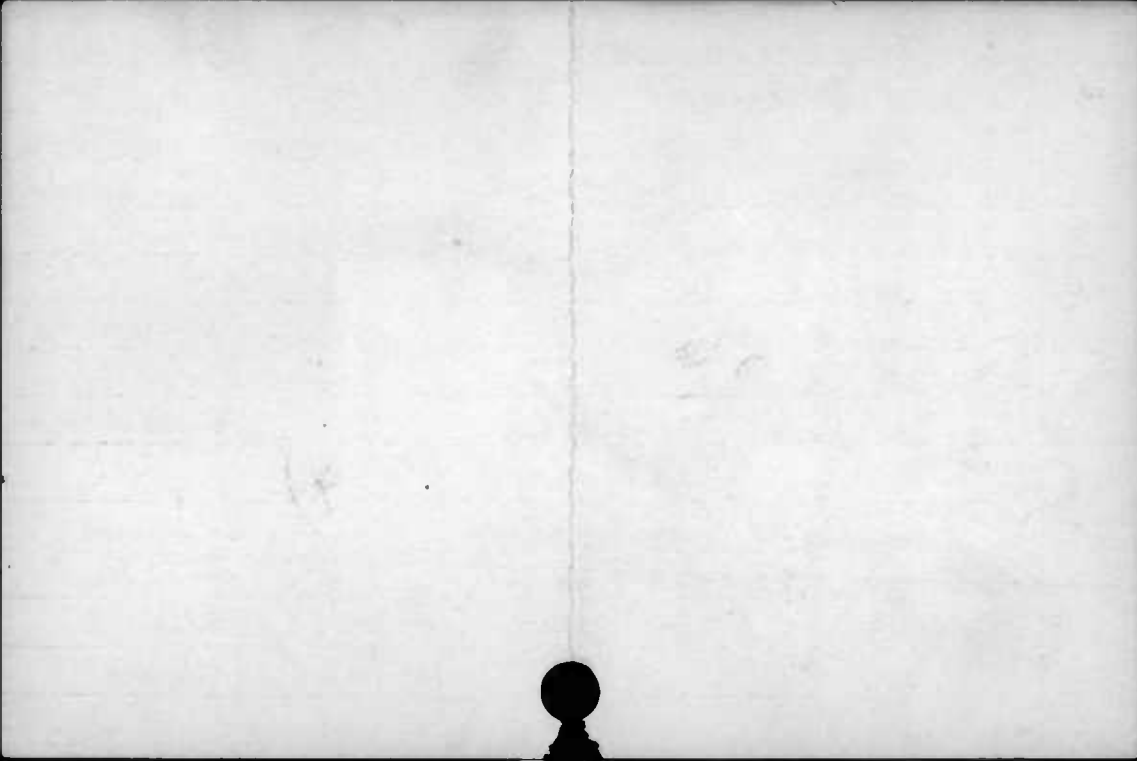
Died at <i>Frederick</i>		County <i>Balti</i>		MARYLAND	
Date of death 190	7	Month	4	Day	33
Age	33	Years	8	Months	22
Sex	Female	Color or Race	White	Birth-place	Maryland
Married, Single or Widowed	Married	Occupation	Housework		
Name of Wife or Husband	<i>Geo I Morris</i>				
Father's Name	<i>Jacob B. Bellamy</i>			Father's Birthplace	Maryland
Mother's Maiden Name	<i>Elizabeth Jones</i>			Mother's Birthplace	" "
Name of person giving In formation	<i>Geo I Morris</i>			How related to deceased	Husband.

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>8 Mos.</i>
Immediate	<i>Dropsy.</i>	How long	<i>1 Mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W N Fair</i>
Yes.		Address	<i>12 E 25th St Balti Md.</i>
Accident or Suicide?			



Name in Full		Certificate of Death			
Ruth Marshall		Town Mt Wiggins		County Baltimore	
Died at		MAYLAND			
Date of death		Month 9	Day 4	Years 68	Months unknown
Sex female		Color or Race colored	Birthplace Baltimore		
Occupation Domestic		Where Residing if not at place of death Mt Wiggins			
Married, Single or Widowed married		Name of Wife or Husband peter marshall			
Father's Name Louis pack		Father's Birthplace unknown			
Mother's Maiden Name Rachel Johnson		Mother's Birthplace unknown			
Name of person giving information Peter Marshall		How related to deceased Husband			
CAUSES OF DEATH					
Primary Senility & complications		How long 2 years.			
Immediate Paralysis of Heart		How long 6 minutes			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. W. Slawson			
		Address Mt Wiggins			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

79

Mt Auburn Cemetery

undertaker

Name unknown

Name
in
Full

Lillian Mullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

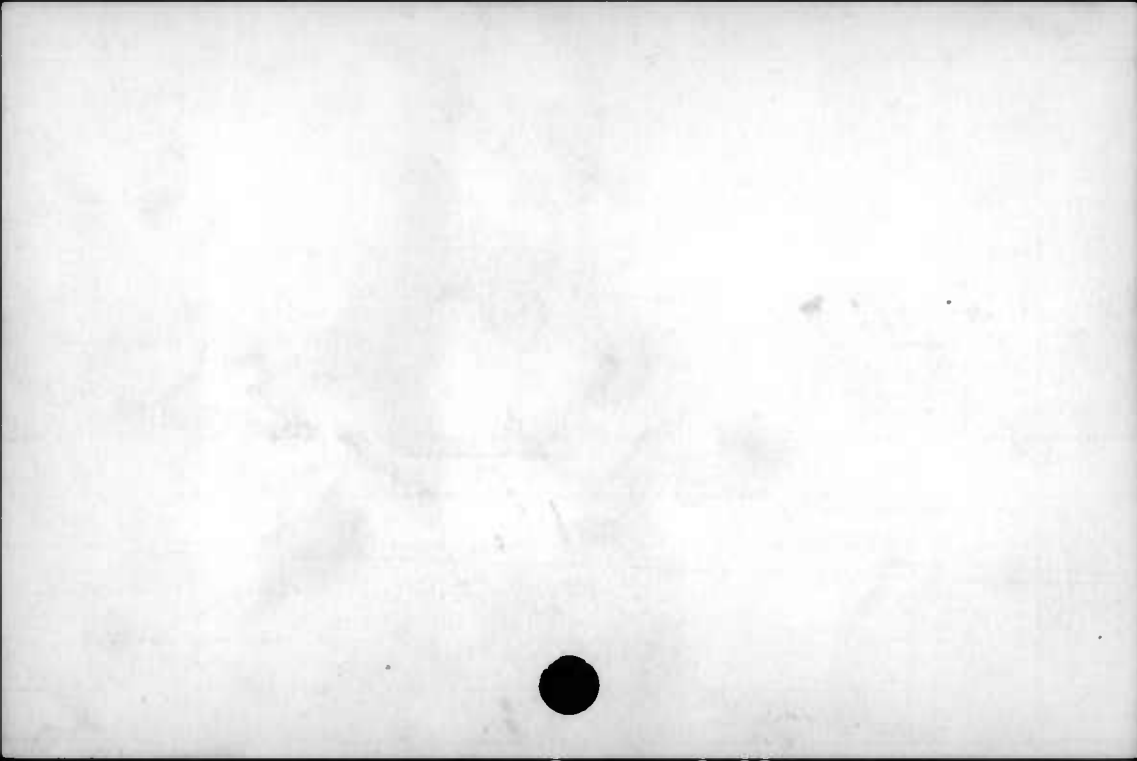
Died at <i>Glenarm</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>Five</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Glenarm</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Chas. H. Mullen</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Martha E. Winchell</i>			Mother's Birthplace <i>Balt City</i>		
Name of person giving information <i>Chas. H. Mullen</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>marasmus</i>	105	How long <i>2 months</i>
Immediate <i>diarrhoea</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John S. Green</i>
		Address <i>Gittings</i>
		<i>Md.</i>

•Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

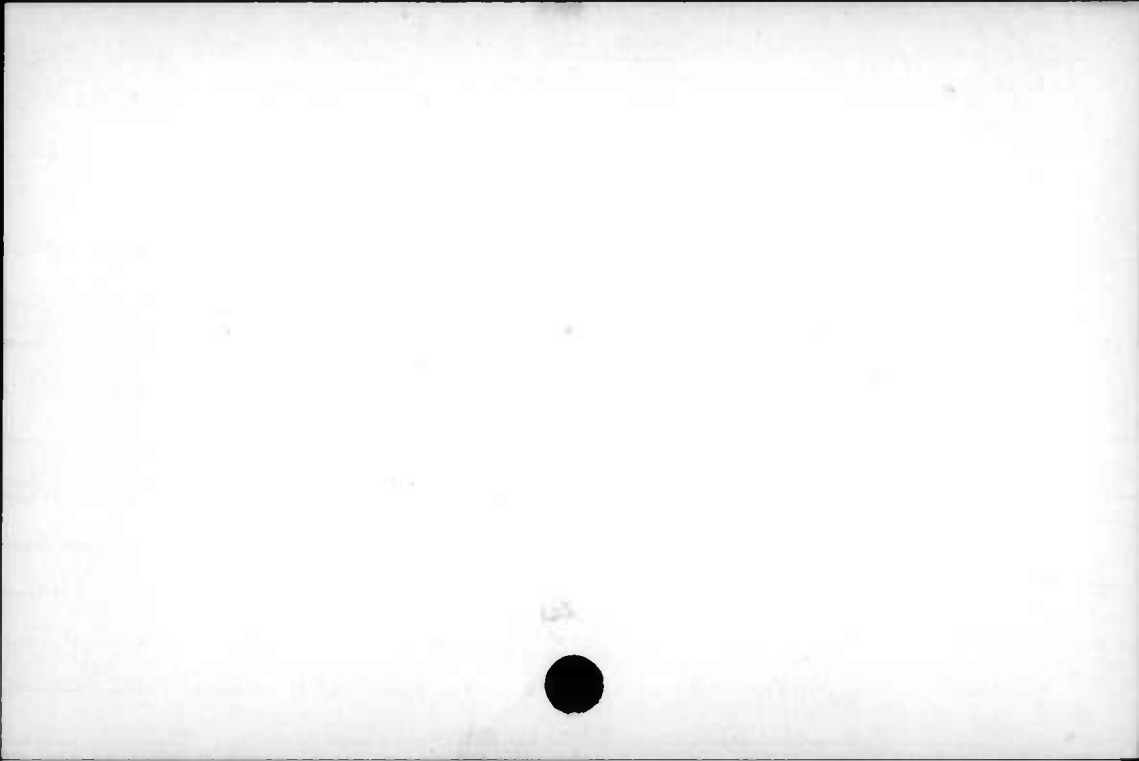
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907 September 2nd.</i>		Month		Day		Years	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months	
Occupation <i>Sheet metal worker</i>		Where Residing if not at place of death <i>706 N. Madeira St.</i>		Years		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fannie Murray</i>		Father's Name <i>John H. Murray</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Margaret Grottel</i>		Name of person giving information <i>Larry D. Murray</i>		Mother's Birthplace <i>Maryland</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Syphilis</i>	How long ? <i>36</i>
Immediate <i>Brain tumor (gumma).</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Hager</i>
<i>2</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

William Muse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poplar Heights</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>8</i>	Age <i>60</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Va</i>		
Occupation <i>Labour</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Rebecca Muse</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Wm J. Holman</i>		How related to deceased <i>none</i>			

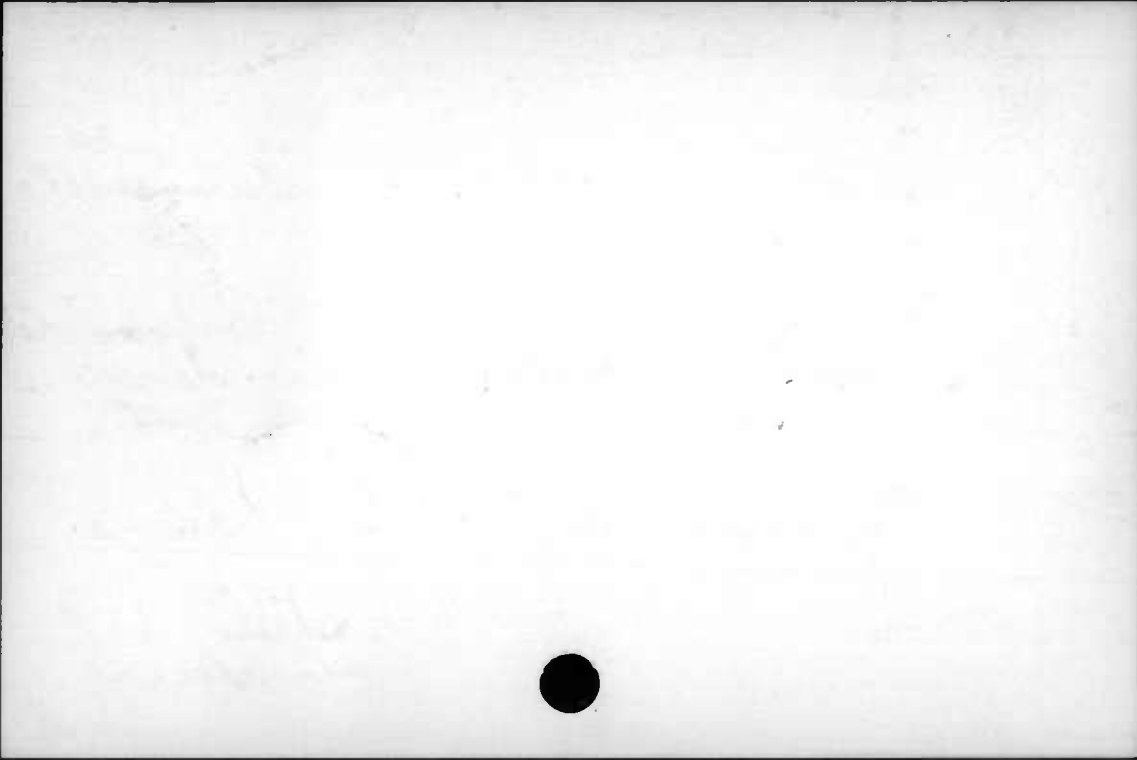
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	119	How long <i>Eight weeks</i>
Immediate <i>Cardiac Syncope</i>		How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Jones M.D.</i>	
<i>[Signature]</i>	Address <i>3116 Oxford St.</i>	
	<div style="background-color: black; width: 50px; height: 50px; margin: 0 auto;"></div>	
Accident or Suicide? <input type="checkbox"/>		

Ent 1
102 Mulberry st

Name in Full		Daniel Adam Myers		County		BALTO.		CERTIFICATE OF DEATH	
Died at		Catonsville		Town		BALTO.		MARYLAND	
Date of death		1907	Sept	19	Age	—	Months	—	Days
Sex		Male		Color or Race		White		Birth-place	
Occupation		—		Where Residing if not at place of death		—		Catonsville	
Married, Single or Widowed		—		Name of Wife or Husband		—			
Father's Name		Harry Francis Myers		Father's Birthplace		Washington D.C.			
Mother's Maiden Name		Cassie C. Haerl		Mother's Birthplace		Catonsville Md.			
Name of person giving information		Harry Myers		How related to deceased		Father			
				CAUSES OF DEATH		105			
Primary		Enterocolitis		How long		10 days			
Immediate		Catarrh		How long		6 hrs			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		J. H. Stultz M.D.			
Accident or Suicide?						Catonsville			
						Md			



Name
in
Full

CERTIFICATE OF DEATH

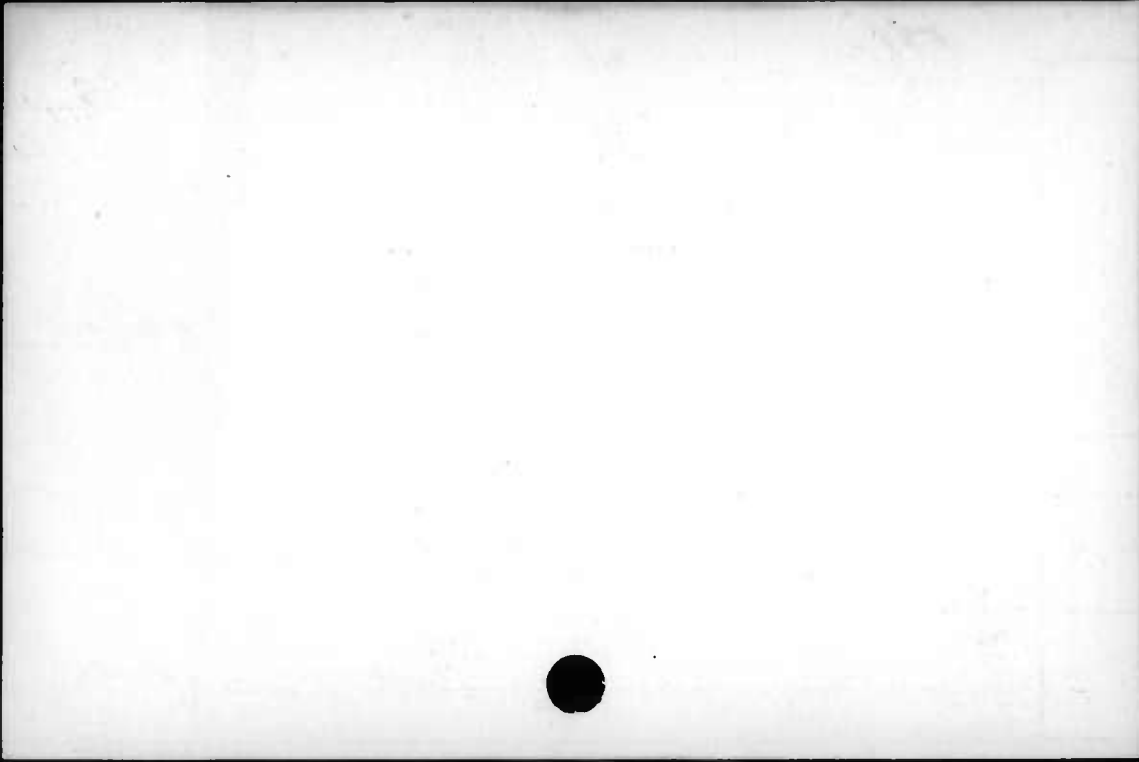
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Sept.</i>		Day <i>24</i> - Age <i>85</i>		Years Months Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>JAMES NEVILLE</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>ANNIE CADOGAN</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Matthew Cadogan</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Myocarditis</i>	(78)	How long	<i>(?) years</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician	<i>H. H. Hazen</i>	
		Address	<i>St. Agnes Hospital</i>	
Accident or Suicide?				



Name
in
Full

Mary Kuedling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Can Ton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>15</i>	Years <i>21</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>		
Occupation <i>Seamstress</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Imrogenz Kuedling</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Louisa Hoff</i>	How related to deceased <i>Mother.</i>				
Name of person giving information <i>Louisa Kuedling</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonalis</i>	How long <i>8 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. W. Klee</i>
	Address <i>212 Hudson St. N.Y.C.</i>
Accident or Suicide? <i>9</i>	

Sacred Heart Cemetery

Sept. 18th 1907

Germanus Franke

Under the

Name
in
Full

Edward A. Norden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Con ton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Sept.</u> ^{Month}	<u>11</u> ^{Day}	Age <u> </u> ^{Years}	<u>4</u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Oscar Norden</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Emma Beckhold</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Emma Norden</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>"Marasmus"</u>	How long <u>2 mo.</u>
Immediate <u>Gastro enteritis. Cholera Infantum"</u>	How long <u>4 to 5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>W. E. McClellan M.D.</u>
	Address <u>618 S. Clinton St. y</u>
Accident or Suicide? <u> </u>	

Mount Carmel Cemetery

Sept 12th 1907

Germanus France

Undertaker

Name
in
Full

Matilda G. O'Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Currys Mills</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Year}	<i>Sept</i> ^{Month}	<i>3rd</i> ^{Day}	Age <i>Forty three</i> ^{Years}	<i>four</i> ^{Months}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore City</i>			
Occupation <i>Attendant</i>	Where Residing if not at place of death <i>Currys Mills</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>+</i>				
Father's Name <i>Daniel O'Connor</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Gillespie</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Mrs. Teresa Hurley</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

1105

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>Acute</i>
Immediate <i>Exhaustion</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>YES</i>	Signature of Physician <i>Frank Keating M.D.</i>
<i>I</i>	Address <i>Currys Mills</i>
Accident or Suicide? <i>Accident</i>	<i>Maryland</i>



Name
In
Full

Thomas O'Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death		1907	Month Sept	Day 14	Age 16 yrs	Months 8	Days —
Sex Male		Color or Race white		Birth- place Md.			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John O'Connor				Father's Birthplace Va.	
Mother's Maiden Name		Annie Cunningham				Mother's Birthplace Md.	
Name of person giving In formation		Jno. O'Connor				How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid. Fever	How long	Indefinite
Immediate	Toxemia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M. J. McAvoy	
Address		839 T. Canton St Baltimore	
Accident or Suicide?			

F.A. browse & Box
Holy Cross

Name
in
Full

William M. O'Leary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	1907	Month	9	Day	7
Age	35	Years	11	Months	—
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single		—			
Father's Name	John O'Leary			Father's Birthplace	Ireland
Mother's Maiden Name	Ann's Timmons			Mother's Birthplace	"
Name of person giving information	John T. O'Leary			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Falling in water</u>	How long	<u>172</u>
Immediate	<u>Drowning</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		August W. Miller, Coroner	
Address		Mr. William's	
Accident or Suicide		Bolto & Md	
Accidental death			

Dr F Ruhl

Landsdowne

~~St. Paul~~

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

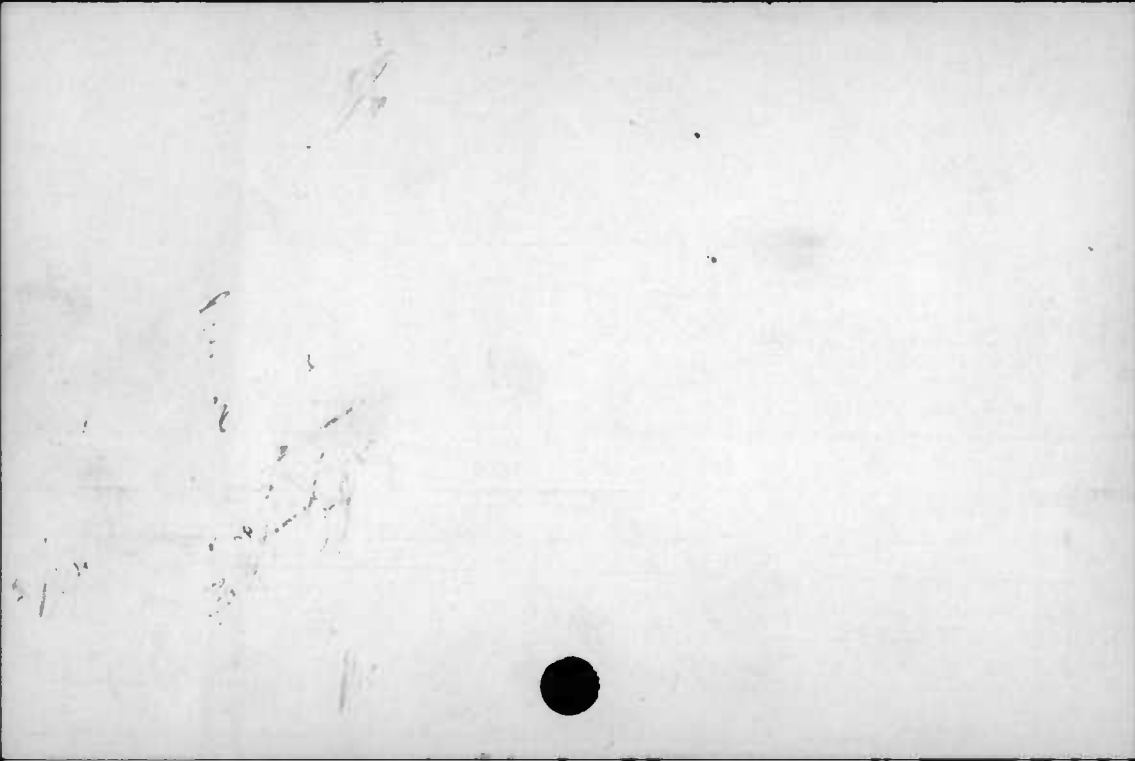
Name <i>Mrs Sarah Chenshaw</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND							
Died at		Date of death 1907		Month <i>Sept</i>		Day <i>25</i>		Years <i>39</i>		Months <i>2</i>		Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Parkton Balto Co</i>									
Occupation <i>Housekeeper</i>		Where Residing if not at place of death											
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband											
Father's Name <i>Elias Tracey</i>		Father's Birthplace <i>Parkton Baltimore</i>											
Mother's Maiden Name <i>Amanda Terl</i>		Mother's Birthplace <i>Harford Co</i>											
Name of person giving information <i>Hugh Williams</i>		How related to deceased											

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastritis</i>	How long	<i>Several years</i>
Immediate	<i>Cancer of Stomach</i>	How long	<i>Probably 9 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Erasmus H. Free</i>	
		Address <i>Lincolnton Pa.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ann. Paritus*

Died at *Wiltown Paritas* ^{Town} *Baltimore Co.* ^{County} **MARYLAND**

Date of death **190** *7* ^{Month} *Sept* ^{Day} *27* ^{Years} *26* ^{Months} ^{Days}

Sex *Male* Color or Race *white* Birth-place *St Mary Pa.*

Occupation *Woda dependier* Where Residing if not at place of death *Wiltown Paritas*

~~Married, Single~~ *Single* Name of Wife or Husband *—*

Father's Name *Lenord Paritus* Father's Birthplace *Germany*

Mother's Maiden Name *Lena Burger* Mother's Birthplace *Germany*

Name of person giving information *Barbara Paritus* How related to deceased *Sister*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *(Gortic) Valvular Disease of Heart* How long *Fourteen years*

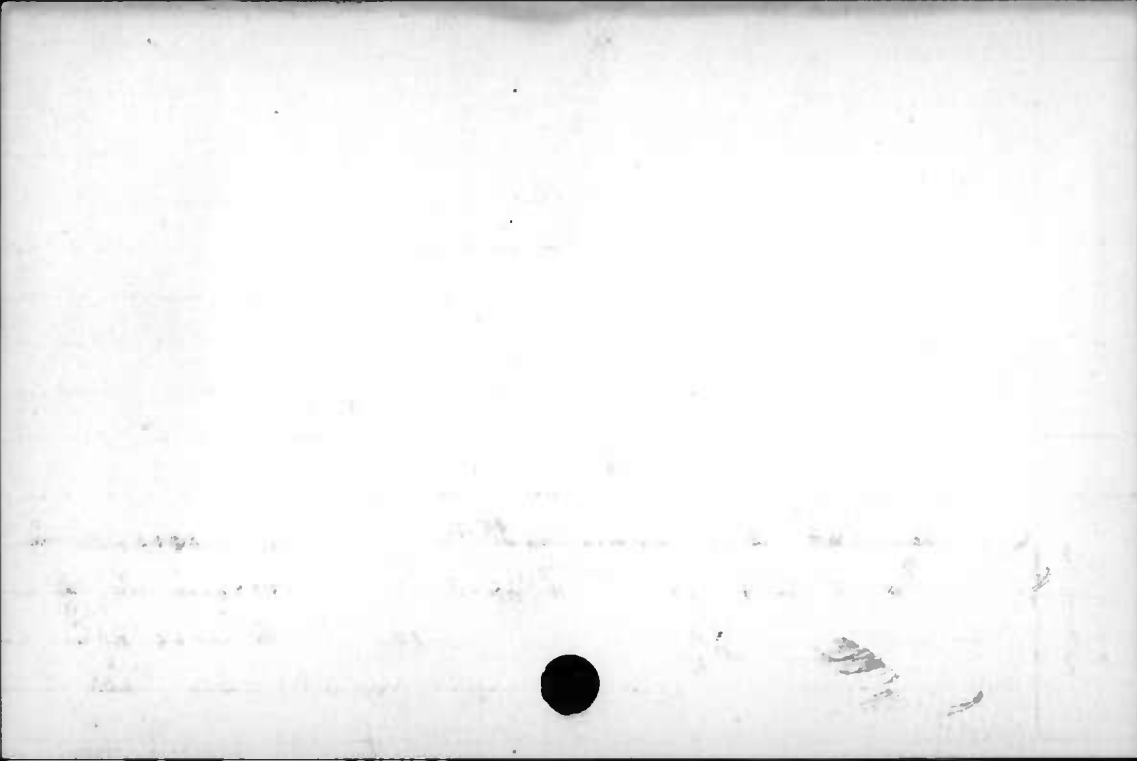
Immediate *" " " "* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Edmund E. Darling*

Address *Laureville*

Accident or Suicide?



Name
in
Full

Sidney Peddicord

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i> ^{Town}		<i>Balto Co</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>1</i>
Age	<i>70</i>	Years		Months	<i>4</i>
Sex	<i>Woman</i>	Color or Race	<i>White</i>	Birth-place	<i>Woodlawn</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Caleb Peddicord</i>			Father's Birthplace	<i>Woodlawn</i>
Mother's Maiden Name	<i>Elizabeth Peddicord</i>			Mother's Birthplace	<i>Woodlawn</i>
Name of person giving information	<i>Sarah Sarter</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

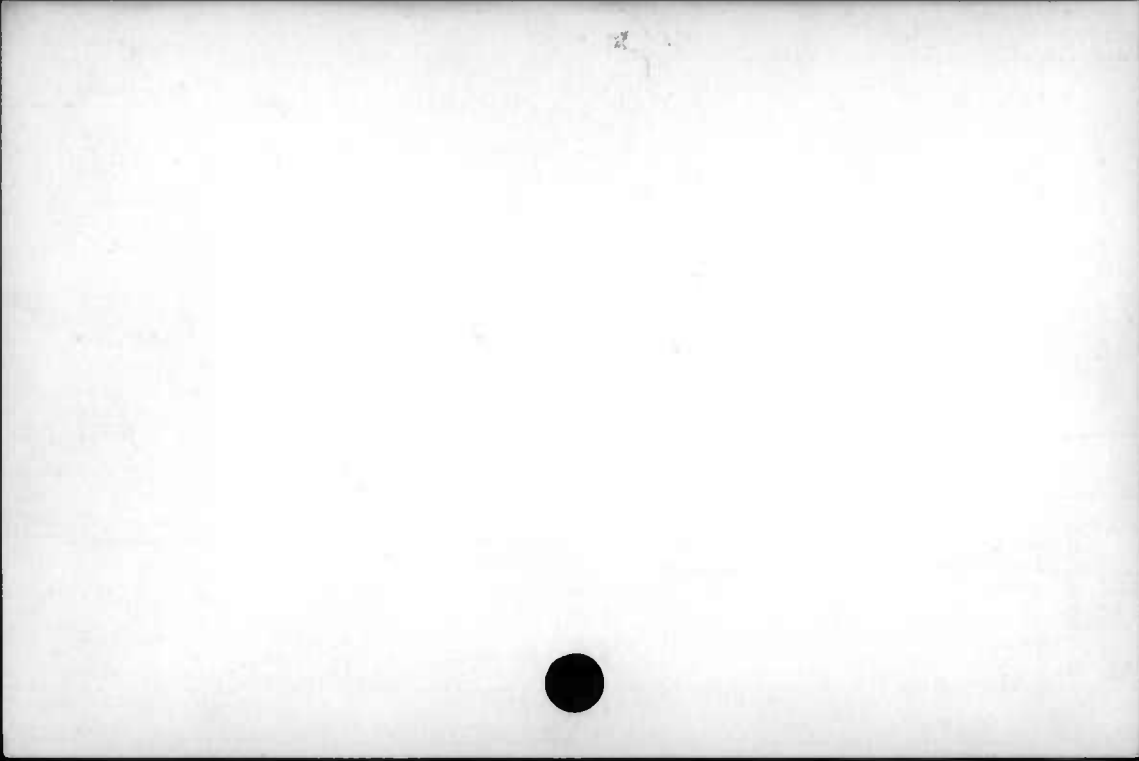
79

PHYSICIAN
OR CORONER

Primary	<i>Mitral Regurgitation</i>	How long	<i>6 months</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A. C. Smith</i>	
Address		<i>Woodlawn Sta</i>	
Accident or Suicide?		<i>No.</i>	

Private Burial Ground
at Woodlawn Md
Jos. B. Cook

Name in Full		Mildred Laretta, Pengree				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Catonsville Town		Baltimore County		MARYLAND	
	Date of death		1907	Sept	19	Age	19	
	Sex		female		Color or Race		white	
	Occupation				Birth-place		Catonsville	
					Where Residing if not at place of death		Catonsville	
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Logan W Pengree		Father's Birthplace		Nebraska	
Mother's Maiden Name		Ada Anderson		Mother's Birthplace		Ind.		
Name of person giving information		Logan W Pengree		How related to deceased		Father		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">150</div>								
PHYSICIAN OR CORONER	Primary		Hemorrhage from fontanelle			How long		9 days
	Immediate		asthenia			How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Marshall B West.	
					Address		Catonsville, Ind.	
Accident or Suicide?								



Name
in
Full

George W Ports

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

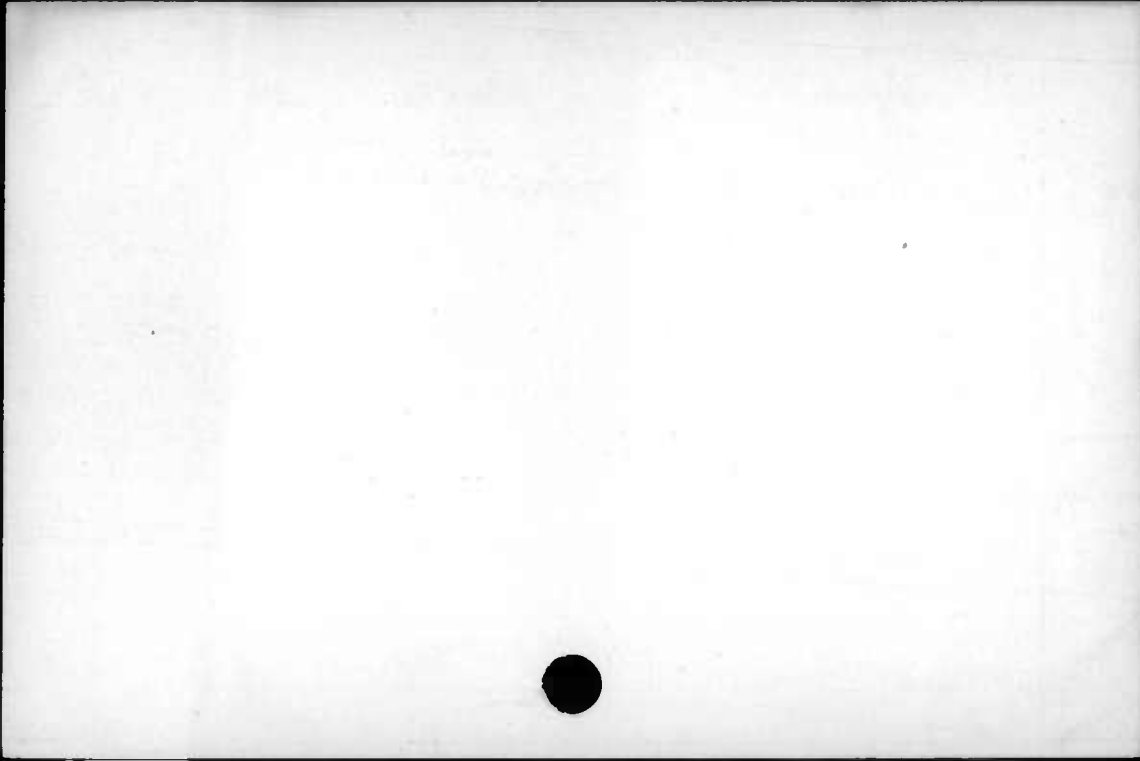
Died at <i>Near Hampstead</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>sep</i>	Day	<i>25</i>
Age		<i>62</i>	Years	Months	<i>1</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>—</i>
Occupation		<i>Farmer</i>			
Where Residing if not at place of death		<i>Near Hampstead</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Susan Ports</i>			
Father's Name	<i>George Ports</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Mrs Susan Ports</i>			How related to deceased	<i>—</i>

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Gastric Ulcer</i>	How long	<i>—</i>
Immediate	<i>Colic</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. C. Weebs MD</i>		
	Address <i>Hampstead</i>		
	<i>3rd</i>		
Accident or Suicide?	<i>—</i>		



Name
in
Full

Cornelia Dorothy Potter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Manor* Town *Baltimore* County *MARYLAND*

Date of death *1907 Sep. Twenty-first* Month *21* Day *6* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White Caucasian* Birth-place *Manor, Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Sydney Albion Potter* Father's Birthplace *England*

Mother's Maiden Name *Fannie McLeod Turner* Mother's Birthplace *Georgia —*

Name of person giving information *Fat Sybil A. Potter* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

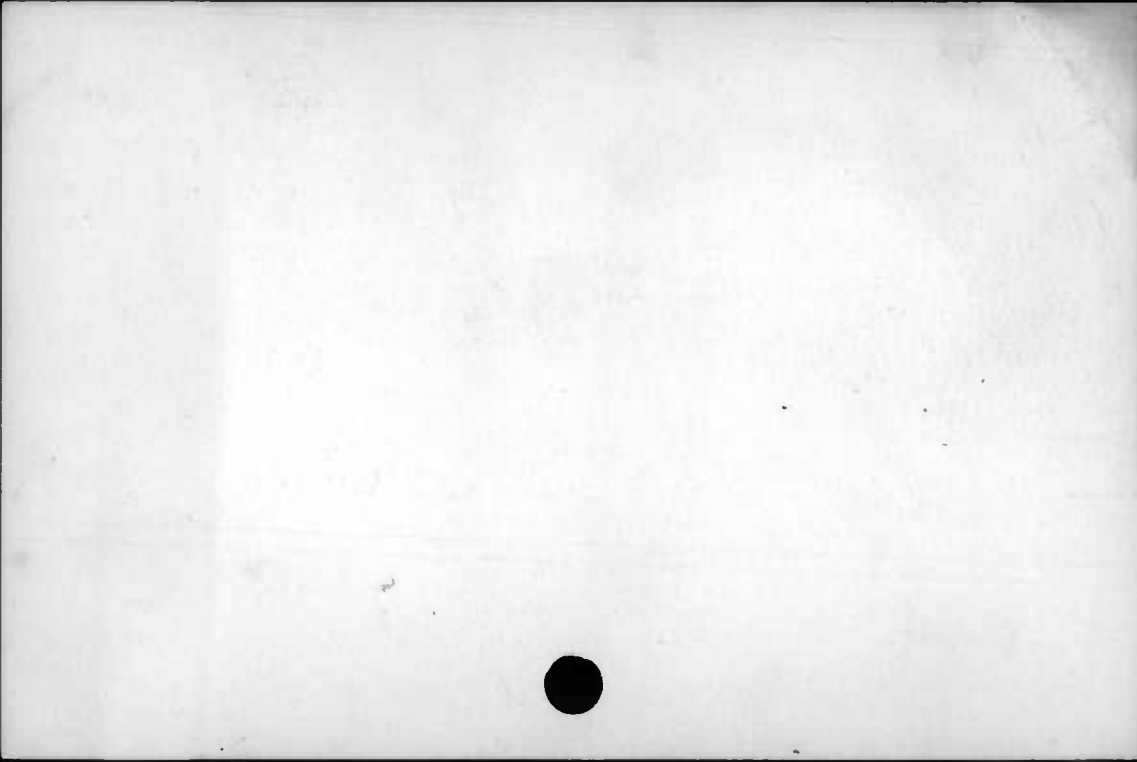
Primary *Intoxication* *(151)* How long *4 weeks*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. R. Payne, M.D.*

Address *Corbett Md*

Accident or Suicide? *no*



Name
in
Full

James ~~E~~ Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparks</i> Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>11</i>	Age <i>14</i>	Months <i>3</i>	Days
Sex <i>M</i>	Color or Race <i>colored</i>		Birth-place <i>Va</i>		
Occupation <i>Labrui</i>		Where Residing if not at place of death <i>Sparks, Balto Co Md</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>E. H. Powell</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>E. H. Powell</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>166</i>	How long
Immediate <i>Killed by a train on the N.C. RR</i>		How long <i>Sept 9th 1907</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician	
<i>John W. Duncan</i>	Address	
Accident or Suicide? <i>Coroner</i>		

Plaine Saint Louis de la Payne

Name

In

Full

Agnus. Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

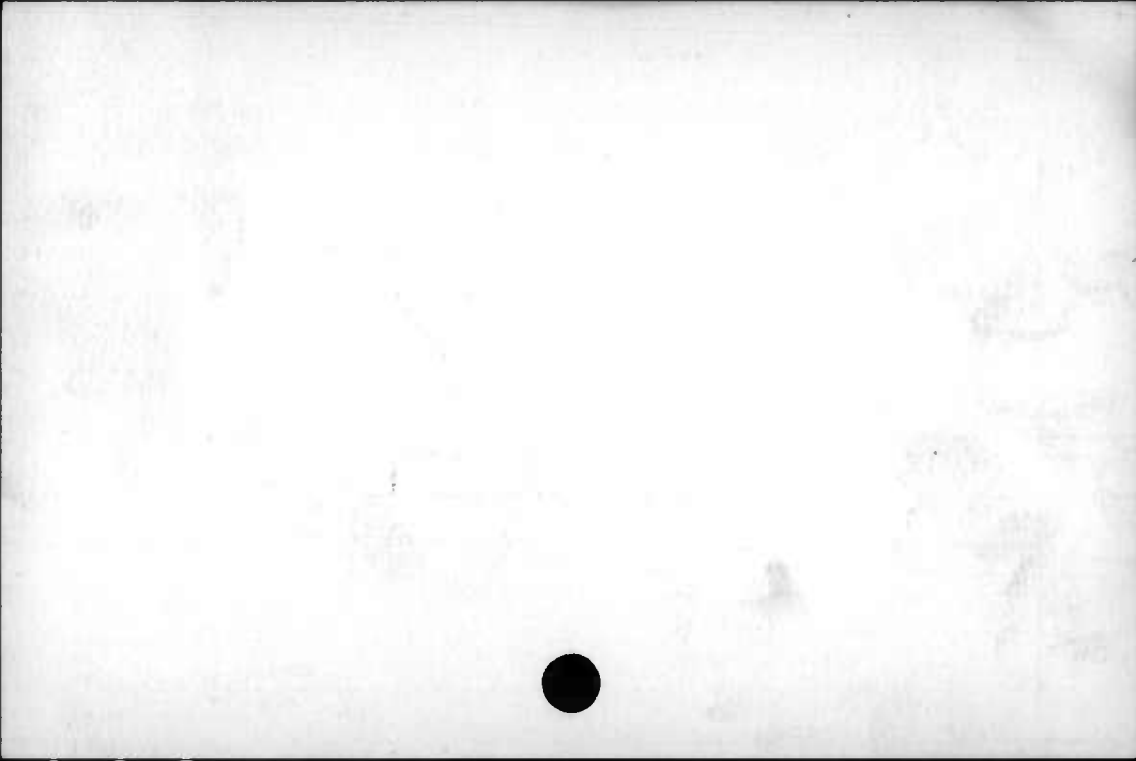
Died at <i>Cella</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	1907	Month	Sept	Day	4
Age	3-0	Years		Months	no
Sex	Female	Color or Race	colored	Birth-place	Maryland
Occupation	House Keeper		Where Residing if not at place of death <i>Cella</i>		
Married, Single or Widowed	Married	Name of Wife or Husband <i>George Preston</i>			
Father's Name	<i>Samuel Green</i>			Father's Birthplace	<i>Dont know</i>
Mother's Maiden Name	<i>dont know</i>			Mother's Birthplace	<i>Dont know</i>
Name of person giving information	<i>George Preston</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>?</i>
Immediate	<i>asthonia</i>	How long	<i>six wks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H.C. Anis M.D</i>	
		Address <i>Ellicott City</i>	
Accident or Suicide?		<i>M.H.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geo. W. Price Jr</i>		Town <i>Gorau</i>		County <i>Balto</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
		<i>1907 Sept 5</i>		<i>8</i>		<i>8</i>		<i>9</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>					
Occupation				Where Residing if not at place of death <i>Gorau</i>					
Married , Single or Widowed				Name of Wife or Husband					
Father's Name <i>Geo W Price Jr</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Lavin Munberk</i>				Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Geo W Price Sr</i>				How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intussusception</i>		<i>108</i>		How long <i>4 weeks</i>	
Immediate <i>Enteritis</i>				How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Patter M. D.</i>			
		Address <i>508 E. North Ave Baltimore 721</i>			
Accident or Suicide? <i>9</i>					

Baltimore Ben
Sept 7/07

Wm. C. C. C.

502 E North ..

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ada Renner</i>		Town <i>Highlandtown</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Highlandtown</i>		Month <i>Sept.</i>		Day <i>4</i>		Years <i>24</i>	
Date of death <i>1907</i>		Months <i>10</i>		Days <i>5</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Penn.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>901 S. Boulders</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Andrew P. Renner</i>		Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>May E. Heibrich</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Andrew P. Renner</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	(27)	How long <i>one year</i>
Immediate <i>Dyspnea</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Hedrick</i>	
	Address <i>2151 Wilkens Ave.</i>	
Accident or Suicide? <i>natural</i>		<i>Baltimore, Md.</i>



Name
in
Full

Edna May Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

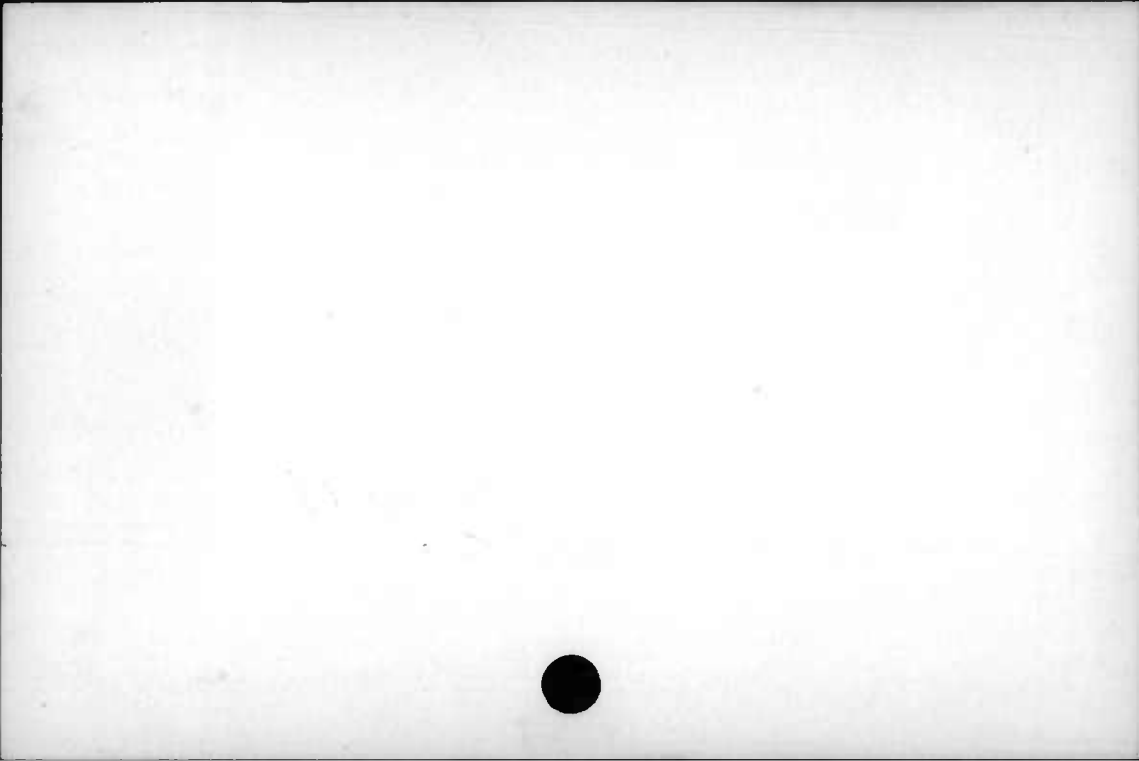
Died at		Town <i>Long Green</i>		County <i>Balto</i>		MARYLAND	
Date of death	1907	Month	<i>Sept</i>	Day	17	Age	Years <i>1</i> Months <i>4</i> Days <i>9</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birthplace	<i>mid</i>
Occupation	<i>✓</i>			Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed	<i>✓</i>		Name of Wife or Husband <i>✓</i>				
Father's Name	<i>Arthur Rhodes</i>					Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Jennie Battles</i>					Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>Arthur Rhodes</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>marasmus</i>	How long	<i>one month</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. F. H. Gossnell</i>
		Address	<i>Fort and</i>
Accident or Suicide?	<i>9</i>		



Name
in
Full

Still born child of Chas. Ritter

CERTIFICATE OF DEATH

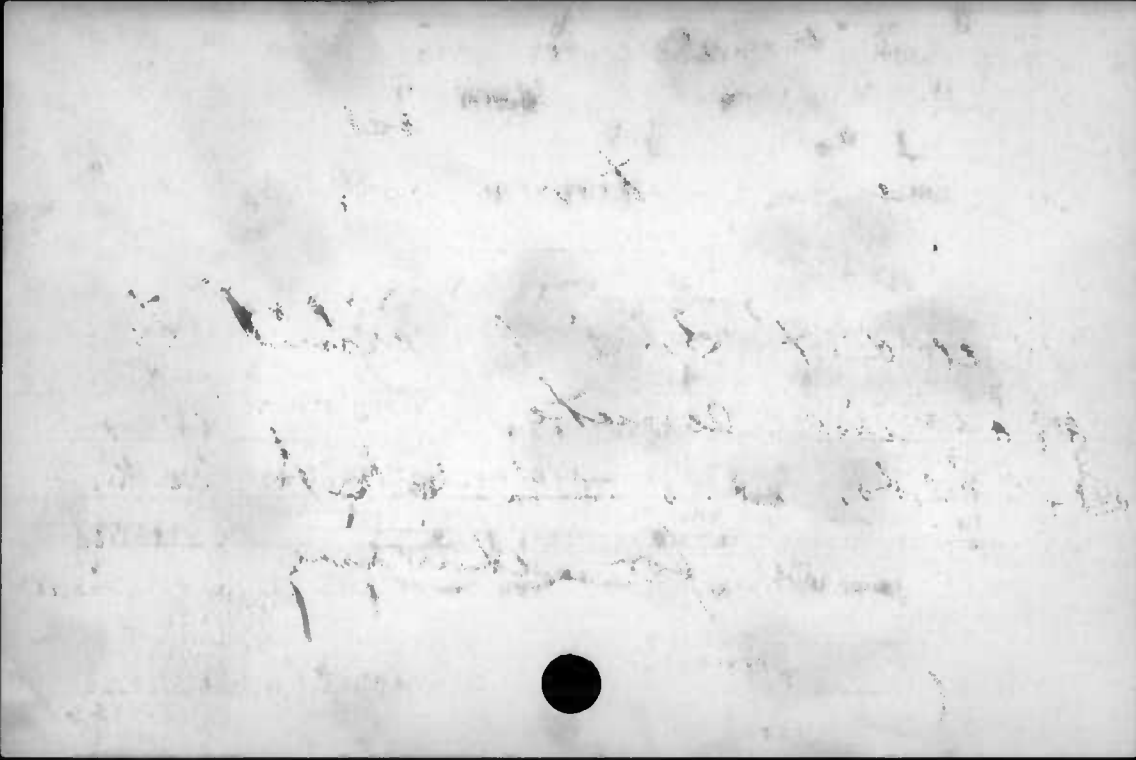
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Alberton</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept.</i>	Day	<i>6</i>
Age =		Years	<i>2</i>	Months	<i>1/2</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation		<i>none</i>			
Where Residing if not at place of death		<i>_____</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
<i>none</i>					
Father's Name	<i>Charles Ritter.</i>		<i>(S)</i>		
Father's Birthplace	<i>Maryland</i>				
Mother's Maiden Name	<i>Grace Kennick</i>		<i>(S)</i>		
Mother's Birthplace	<i>Maryland</i>				
Name of person giving information	<i>Charles Ritter</i>		How related to deceased		
		<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Birth</i>	<i>(S)</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>(S)</i>	
Address		<i>Frank O. Miller M.D.</i>	
		<i>Elliott City, Md.</i>	
Accident or Suicide?		<i>_____</i>	



Name
in
Full

Charles Webster Roodger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Woodlawn

Town

Baltimore

County

MARYLAND

Date

of death 1907

Month

8th

Day

27th

Age

Years

—

Months

3

Days

2

Sex

Female

Color or
Race

colored

Birth
place

Heslowville

Occupation

—

Where Residing if not
at place of death

Heslowville

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Harry Roodger

Father's
Birthplace

Md

Mother's
Maiden Name

Hattie Gent

Mother's
Birthplace

Md

Name of person giving
information

Harry Roodger

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Gastro Enteric Infection

How long

2 weeks

Immediate

Cardiac Arthritis

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. C. Smith

Address

Woodlawn St

Accident or Suicide?

—

Md.

Union Bethel

Name
in
Full

Maria Louisa Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>23</i>	Age <i>50</i>	Years <i>50</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>City</i>		
Occupation <i>Unknown</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Single</i>				
Father's Name <i>Wm Russell</i>	Father's Birthplace <i>City</i>				
Mother's Maiden Name <i>Mary Fobles</i>	Mother's Birthplace <i>City</i>				
Name of person giving information <i>Mrs Russell</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Accumulation a.</i>	How long <i>years.</i>
Immediate <i>Uremic Coma</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. D. Conner</i>
	Address <i>Arlington.</i>
Accident or Suicide?	

N. X. Tichenor Sons
Gussumont

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death		1907	Sept	9	67	6	24
Sex	Female		Color or Race	White		Birth-place	Baltimore
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name		Joseph Clegg				Father's Birthplace	
Mother's Maiden Name		Anna Mary				Mother's Birthplace	
Name of person giving information		Mrs Harry Prince				How related to deceased	
						England	
						Baltimore	
						Daughter	

CAUSES OF DEATH

Primary	Waysentery	How long	14	16 days
Immediate	Sen Peridia	How long		1 Year
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Francis H. McCarroll		
Address		416 E North Ave.		
Accident or Suicide?				

C A Threlkeld Jr
St Marys Cemetery
Woodbury
Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Highlandtown* ^{Town} *Balto* ^{County}Date of death *1909* ^{Month} *Sept* ^{Day} *30* ^{Years} *49* ^{Months} ^{Days}Sex *Male* Color or Race *white* Birth-place *Maryland*Occupation *Cooper* Where Residing if not at place of deathMarried, ~~Single~~ *Married* Name of Wife ~~Husband~~ *Caroline Scheibereif*Father's Name *Casper Scheibereif* Father's Birthplace *Germany*Mother's Maiden Name *Madelane Winter* Mother's Birthplace *"*Name of person giving information *Caroline Scheibereif* How related to deceased *wife*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *27* *two years*Immediate *Starvation* How long *five months*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. E. Stoner*Address *1501 E. Bay View
Baltimore City*

Accident or Suicide?

Christian Miller,
2334 Jefferson Street.
BALTIMORE CEMETERY.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John G. Schlee</i>		Town <i>Eanton</i>		County <i>Balto</i>		MARYLAND									
Died at		Date of death <i>1907</i>		Month <i>Sept.</i>		Day <i>21</i>		Age <i>—</i>		Years <i>—</i>		Months <i>5</i>		Days <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place											
Occupation		Where Residing if not at place of death													
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband													
Father's Name <i>John Schlee</i>		Father's Birthplace <i>Germany</i>													
Mother's Maiden Name <i>Annie Flury</i>		Mother's Birthplace <i>Balto Co.</i>													
Name of person giving information <i>John Schlee</i>		How related to deceased <i>Father</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>		How long <i>137</i>	
Immediate <i>Convulsions</i>		How long <i>one day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Hollenberg</i>	
Accident or Suicide?		Address <i>1810 E. Baltimore St.</i>	

Sacred Heart Cemetery
Sept 25th 1907

Germanus France
Dr. Collenberg

Name
in
Full

Still born.

Schneff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Helena</i> <small>Town</small>		<i>Ballo</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>9</i> <small>Month</small>	<i>2</i> <small>Day</small>	<i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St Helena</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Schneff</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Patton</i>			Mother's Birthplace <i>Ballo Ind</i>		
Name of person giving information <i>John Schneff</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>179</i>
Immediate <i>Unknown</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Schneff</i>
<i>9</i>	Address <i>1400 F. St</i>
Accident or Suicide? <i>—</i>	

Sacred Heart Cemetery

Sept. 3rd 1907

Germanus France

Under later

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>West-Roland Park</i>		<i>Baltimore</i> County		MARYLAND
	Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>28</i>	Years <i>4</i>	Months <i>4</i> Days <i>23</i>
	Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>West-Roland Park</i>	
	Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>		
	Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>		
	Father's Name <i>E. B. Scott</i>		Father's Birthplace <i>West-Roland Park</i>		
	Mother's Maiden Name <i>Hannah Edwards</i>		Mother's Birthplace <i>" " "</i>		
	Name of person giving information <i>A. S. Marshall</i>		How related to deceased <i>_____</i>		
PHYSICIAN OR CORONER	CAUSES OF DEATH				
	Primary <i>Typhoid fever</i>	How long <i>18 days</i>			
	Immediate <i>Depression</i>	How long <i>2</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. C. Nelson</i>			
	<i>Q</i>	Address <i>340 R. Howard Ave</i>			
Accident or Suicide? <i>_____</i>					

W. J. Church L -

Sept 30 - 1987

N. J. Marshall

3539 Fall Road

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bertrude Shaingrusey</i>		Town <i>Westport</i>		County <i>Balto.</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>7</i>		Years <i>19</i>	
Date of death <i>1907</i>		Age <i>19</i>		Months		Days	
Sex <i>Female</i>		Color of Race <i>White</i>		Birth-place <i>Po.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>681 Josephine St Balto Md</i>					
Married, Single or Widowed <i>Don't know</i>		Name of Wife or Husband <i>Don't know</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>John J. Fields</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rolling in water</i>	How long	<i>172</i>	<i>Not known</i>
Immediate	<i>Drowning</i>	How long		<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>August W. Miller, Coroner</i>		
		Address <i>Mr. Williams Balto. Md</i>		
Accident or Suicide? <i>Accident</i>				

Harrisburg
Pa.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Shippard

Died at *St. Agnes Hospital*County *Baltimore*

MARYLAND

Date of death *1907 Sept.*Day *6*Age *7*

Months

Days

Sex *Male*

Color or Race

white

Birth-place

Maryland

Occupation

Where Residing if not at place of death

1903 Frederick Ave.

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wm. J. Sheppard

Father's Birthplace

Maryland

Mother's Maiden Name

Emma M. Mills

Mother's Birthplace

Maryland

Name of person giving information

Wm. J. Sheppard

How related to deceased

Father

CAUSES OF DEATH

Primary

Pyemia

How long

1 month

Immediate

Suppurative Pericarditis

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

yes

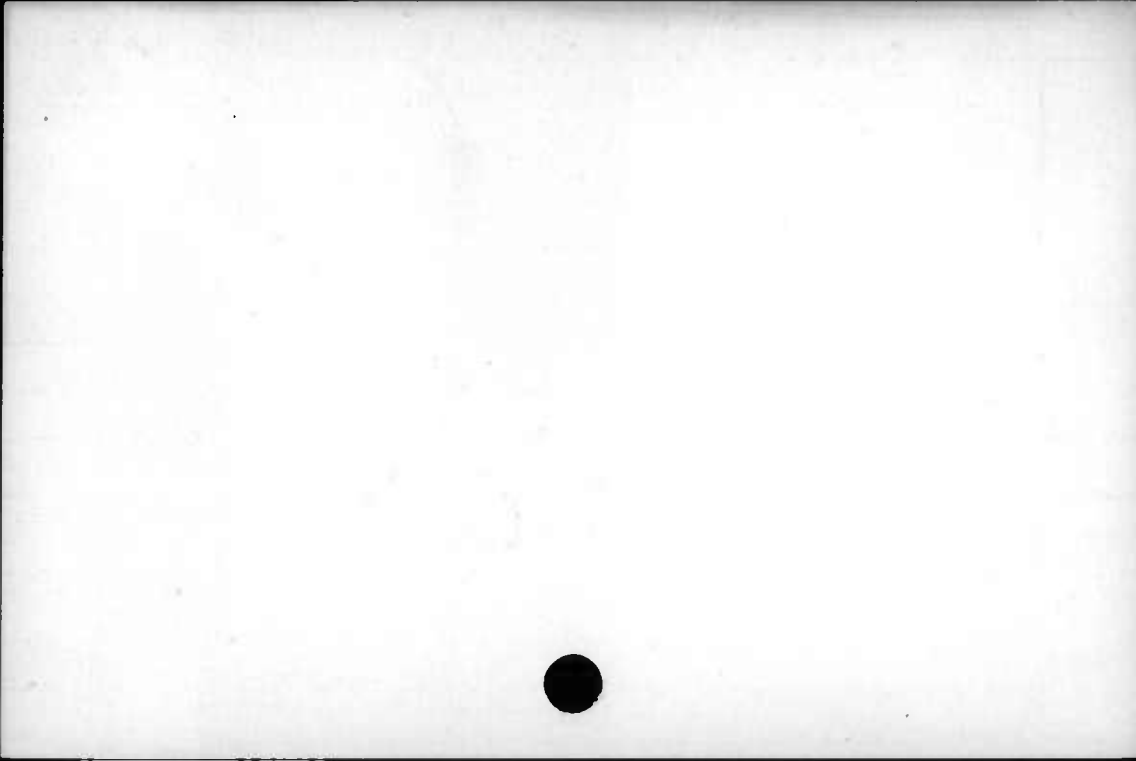
Signature of Physician

Address

*H. H. Hazen M. D.,
St. Agnes Hospital*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

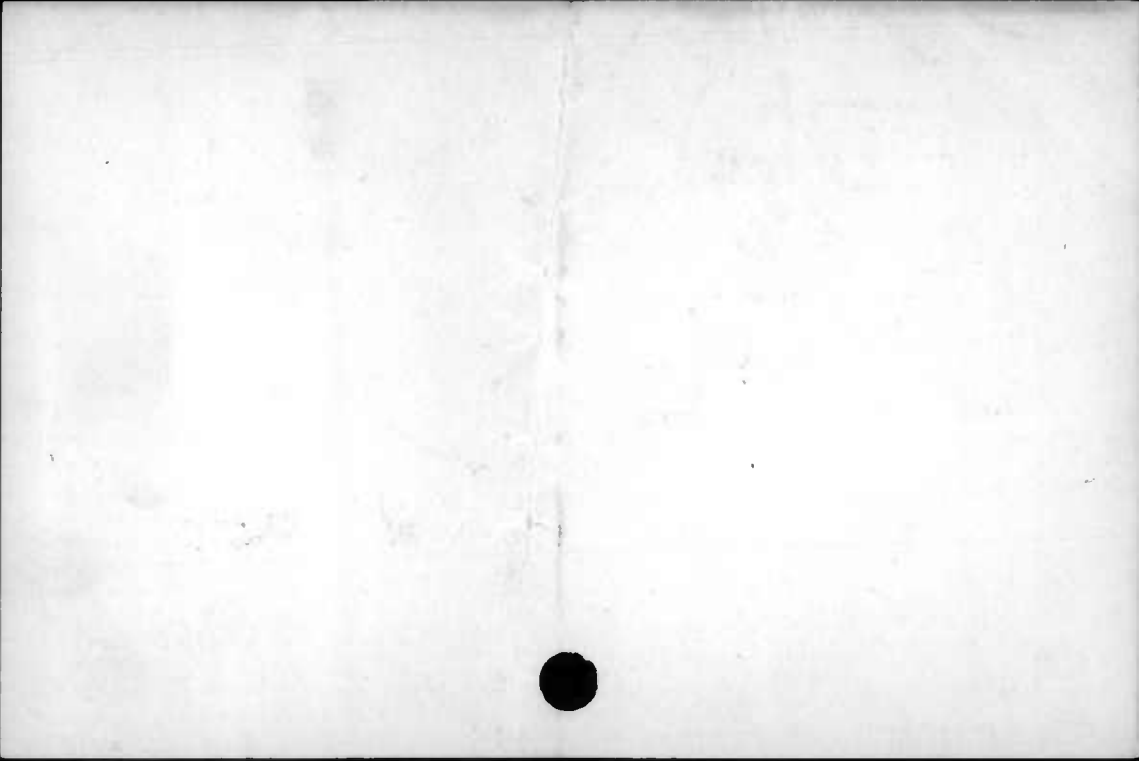
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cecilia Sherer</i> , Town		<i>Baltimore</i> , County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>9</i>	<i>16</i>	<i>67</i>		
Sex	Color or Race	Birthplace			
<i>Female</i>	<i>White</i>	<i>Balt City</i>			
Occupation	Where Residing if not at place of death				
<i>Housewife</i>					
Married, Single or Widowed	Name of Widow Husband				
	<i>Vanborn Sherer</i>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
<i>C.B. Stader</i>	<i>Son-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>two years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Taylor</i>
		Address	<i>Cherrybrook</i>
			<i>Ind.</i>
Accident or Suicide?			



Name
in
Full

Margaret Sheridan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towson</u> Town			County <u>Balto. Co.</u>			MARYLAND		
Date of death <u>1907</u>		Month <u>Sept.</u>	Day <u>27</u>	Age <u>64</u> Years		Months		Days
Sex <u>Female</u>			Color or Race <u>White</u>			Birth-place <u>Ireland</u>		
Occupation <u>None</u>				Where Residing if not at place of death				
Married, Single or Widowed <u>widowed</u>			Name of Wife or Husband <u>Thomas Sheridan</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Ireland</u>					
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Ireland</u>					
Name of person giving information <u>R.H. Sheridan</u>			How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Liver disease</u>	<u>114</u>	How long <u>Two years</u>
Immediate <u>Ascites</u>		How long <u>One year</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>L. H. Garrett</u>	Address <u>Towson</u>
<u>9</u> Accident or Suicide?		

West Olivet Cemetery
Washington D. C.

Hay W. Jenkins & Sons Co
Funeral Directors
300 W. Madison St
Baltimore Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leatonville</i> ^{Town}		<i>Pacts</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Sept</i> ^{Day} <i>6</i>		Age <i>70</i> ^{Years}		Month <i></i> Days <i></i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation <i>Contractor</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wk</i>			
Father's Name <i>Wk</i>		Father's Birthplace <i>Wk</i>			
Mother's Maiden Name <i>Wk</i>		Mother's Birthplace <i>Wk</i>			
Name of person giving information <i>-</i>		How related to deceased <i></i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Organic Dementia</i>	How long	<i>1 yr.</i>
Immediate	<i>Chronic Bright's Disease</i>	How long	<i>6 mo -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Wm Ma</i>	
Address <i>Leatonville, Md.</i>			
Accident or Suicide? <i>No.</i>			

H. Sander Sons
Annapolis Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Conrad Smith* Town *Courtland* County *Baltimore* MARYLAND

Died at *Courtland*

Date of death 1907 Month *9* Day *4* Age Years *65* Months *2* Days *—*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Louisa Smith*

Father's Name *Conrad Smith* Father's Birthplace *Germany*

Mother's Maiden Name *Elizabeth Not Known* Mother's Birthplace *Not Known*

Name of person giving information *Louisa Smith* How related to deceased *Wife*

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary *Intestinal Tuberculosis* How long *2 yrs*

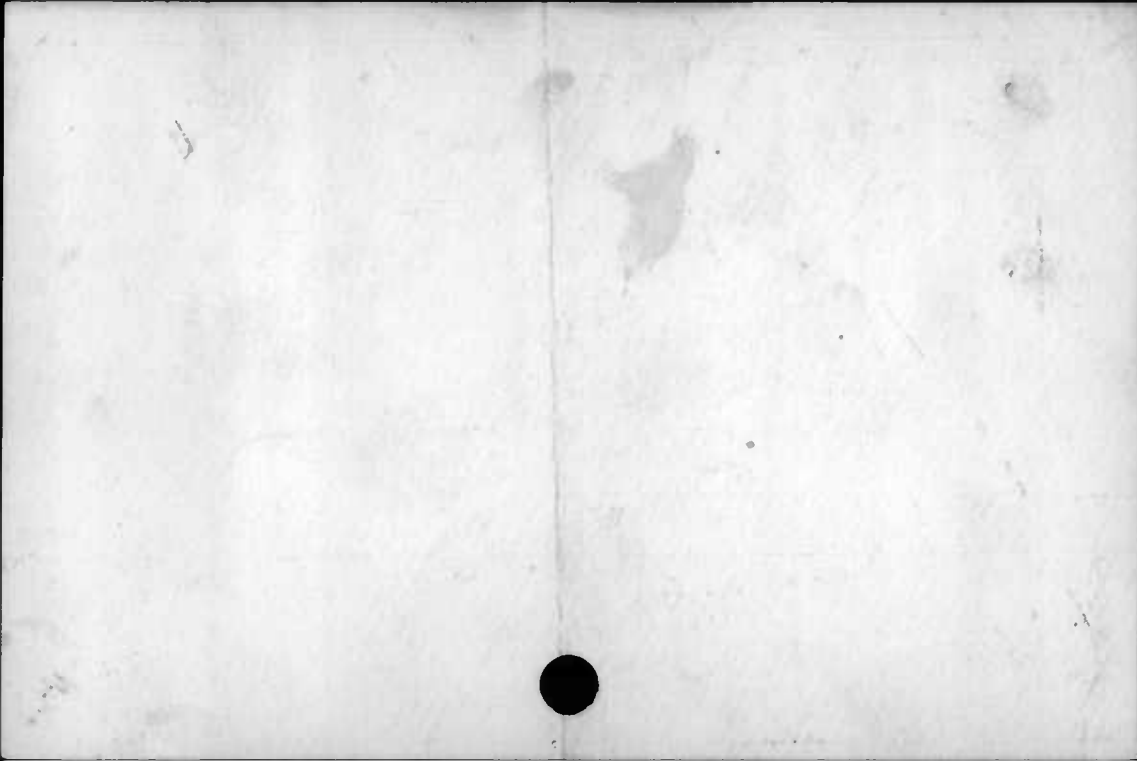
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Child of J. E. & Sophia Smith

Died at *Hybla station* Town*Balto* County

MARYLAND

Date
of death 190

Month

Day

Age

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Hybla station*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*J. E. Smith*Father's
Birthplace*Maryland*Mother's
Maiden Name*Sophia W. Rothe*Mother's
Birthplace*Maryland*Name of person giving
information*J. E. Smith*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Convulsion

How long

1 hour

Immediate

Exhaustion

How long

*15 minutes*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Geo L. Ormawad.**3 and Gayle**Hybla station*

Accident or Suicide?

PHYSICIAN
OR CORONER

Wm Nicholas Sr
First Senior Centy

Name
in
Full

Kate Sommers

CERTIFICATE OF DEATH

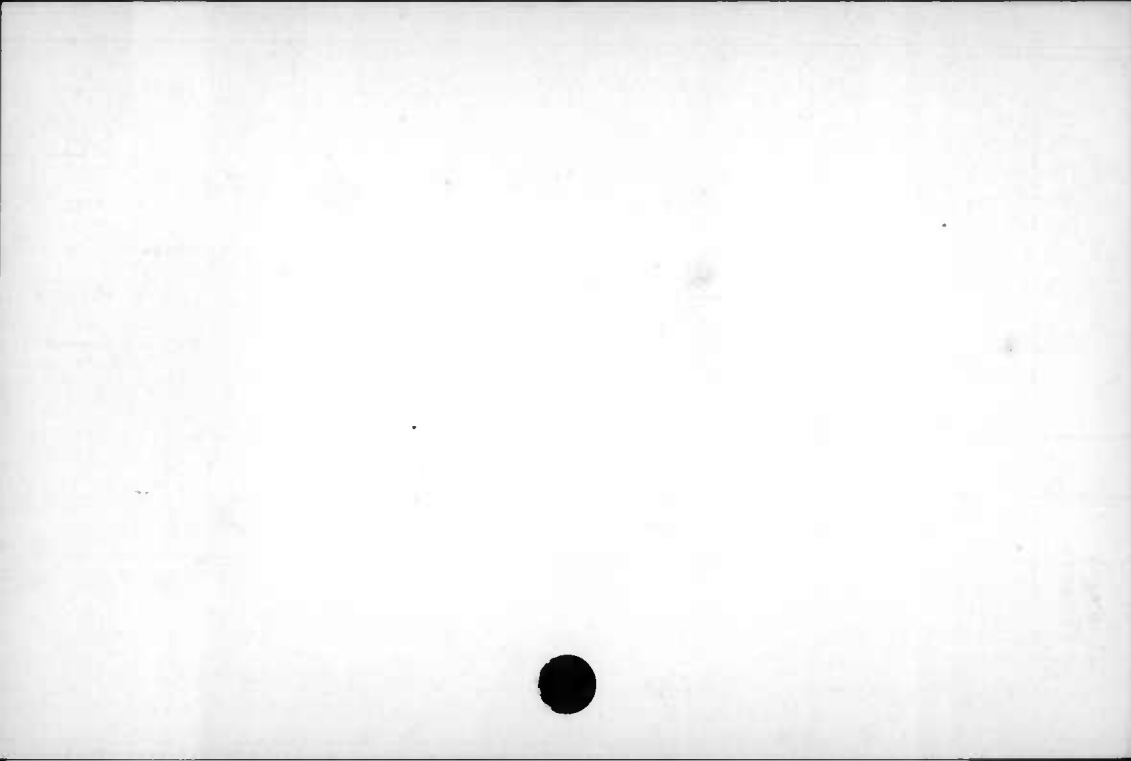
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Bates		MARYLAND	
Date of death		1907	Month Sept	Day 10 th	Age 37	Years	Months —
Sex Female		Color or Race White		Birth- place West Virginia			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving In formation				How related to deceased			

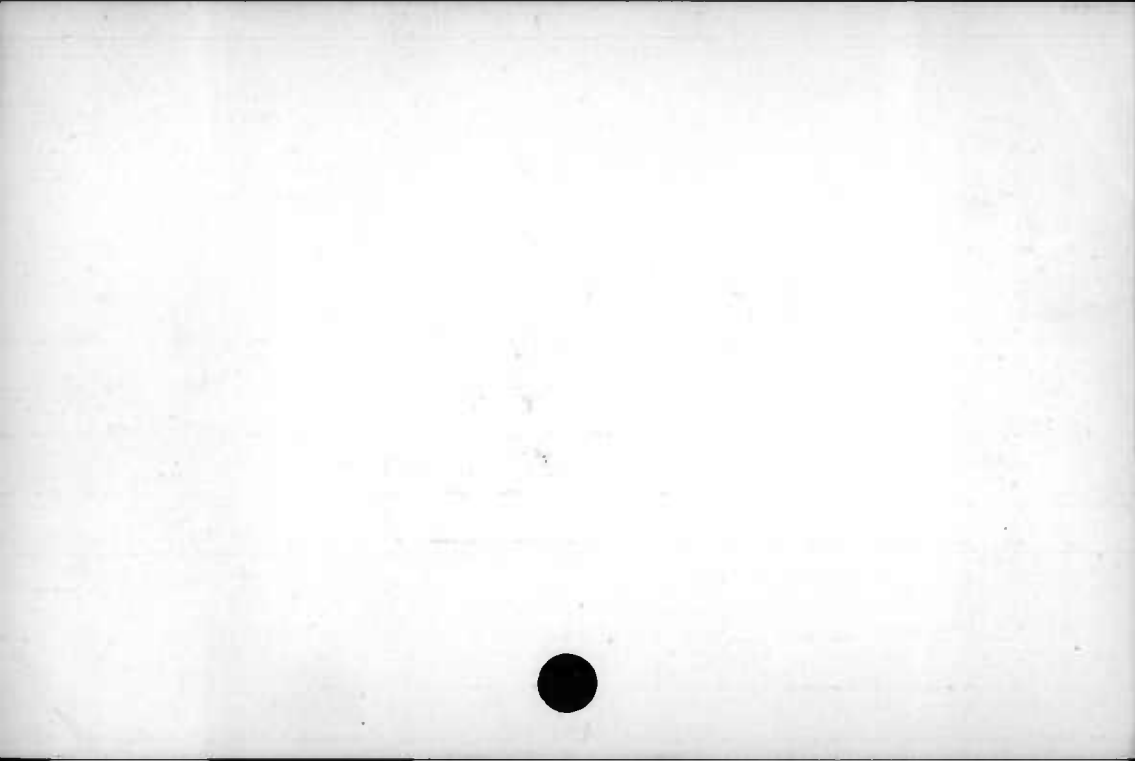
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	23 years
Immediate	Exhaustion from Status Epilepticus	How long	24 hours -
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. R. White	
Address		Catonsville	
Accident or Suicide?		no	



Name in Full		Certificate of Death			
Cecelia A Spalmer		Baltimore			
Died at Overlea (Fullerton P.O.)		Maryland			
Date of death	1907	Month	9	Day	25
Age	4	Years	19	Months	20
Sex	Female	Color or Race	White	Birth-place	Overlea, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Geo F Spalmer				Father's Birthplace
Mother's Maiden Name	Mary E. Hessler				Mother's Birthplace
Name of person giving information	Geo. F. Spalmer				How related to deceased
CAUSES OF DEATH					
Primary	Acute Meningitis				How long
Immediate	Pulmonary Oedema				How long
Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician
Accident or Suicide?	Neither				Address



Name
in
Full

Carl Bloomfield Stallings

CERTIFICATE OF DEATH

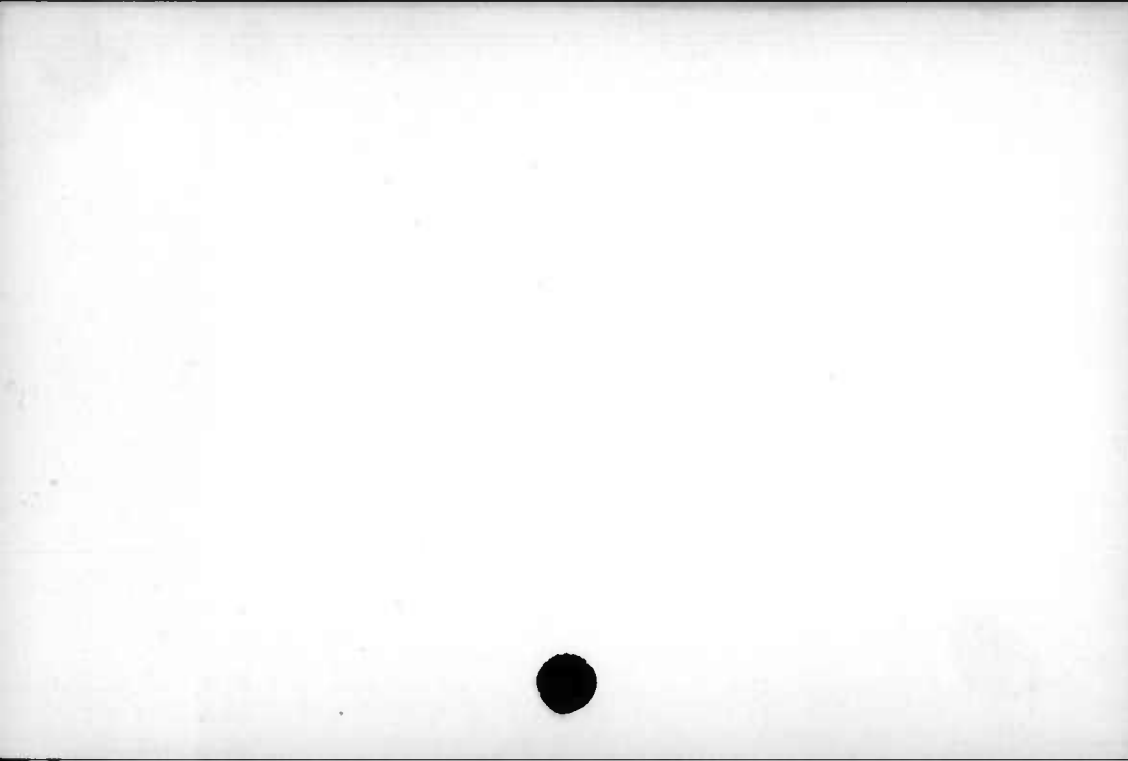
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdowne</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Sept.	Day	24
Age		Years		Months	
Sex <i>male</i>		Color or Race <i>white</i>		Birth place <i>Baltimore County Md.</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>U C</i>		Name of Wife or Husband <i>Infant</i>			
Father's Name <i>C. Edward Stallings</i>		Father's Birthplace <i>Balt. Md.</i>			
Mother's Maiden Name <i>Nellie C. Bloomfield</i>		Mother's Birthplace <i>House wife.</i>			
Name of person giving information <i>Nellie C. Stallings</i>		How related to deceased <i>Mother.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>5 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lansdowne Balt Co., Md.</i>
Accident or Suicide?	



Name
in
Full

Lydia Stonerfer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Woodlawn Sta TownCounty Baltimore

MARYLAND

Date of death 1907 Month Sept Day 15thAge — YearsMonths 8Days —Sex FemaleColor or Race WhiteBirth-place WoodlawnOccupation —Where Residing if not at place of death —Married, Single or Widowed —Name of Wife or Husband —Father's Name Oliver StonerferFather's Birthplace MarylandMother's Maiden Name Annie MeyerMother's Birthplace MarylandName of person giving information Oliver StonerferHow related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONERPrimary Cholera InfantumHow long 2 daysImmediate Cardiac ArrhythmiaHow long immediate

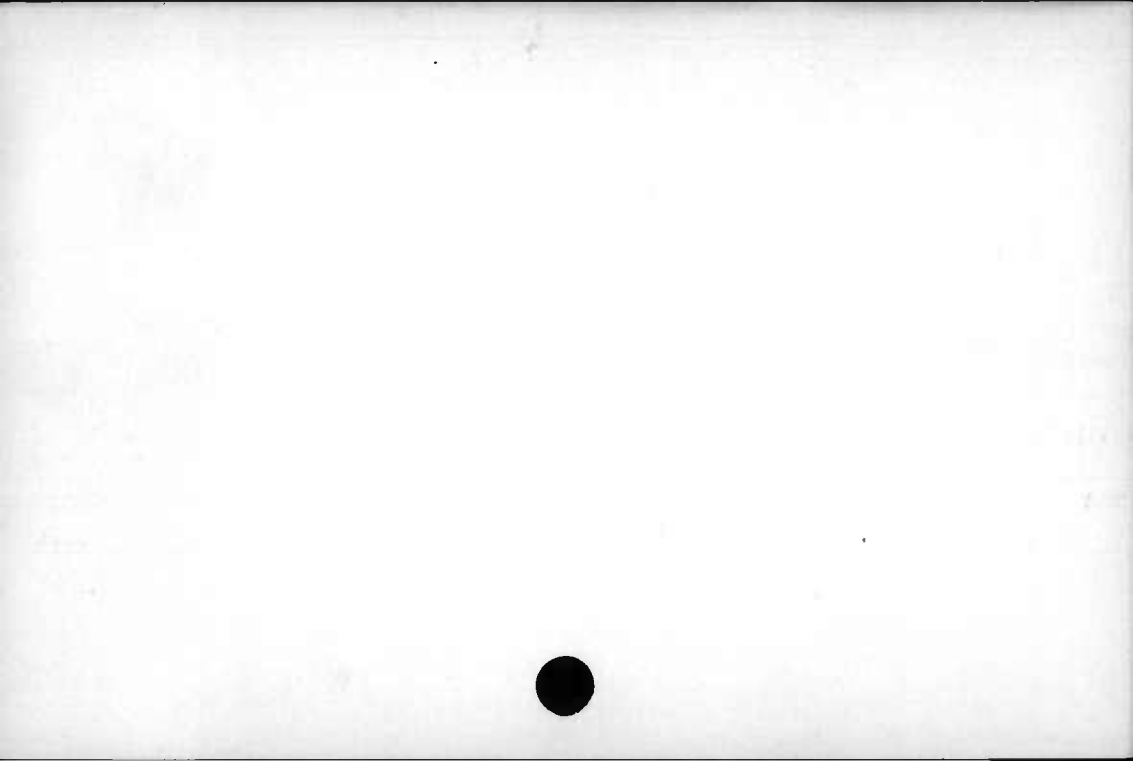
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. C. Smith

Address

Woodlawn StaAccident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

Charles H. Street

Town

County

MARYLAND

Died at 4764 Park Hill Ave

Date

of death 1907

Month

Sept

Day

1

Age

Years

58

Months

Days

Sex

Male

Color or
Race

White

Birth
place

Harford Co., Md

Occupation

Physician

Where Residing if not
at place of death

Harford Co., Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lorraine Street

Father's
Name

John W. Street

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Street

Mother's
Birthplace

Md

Name of person giving
information

Lorraine Street

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Abdominal tumor

How long

Three weeks

Immediate

Exhaustion

How long

Ten days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Charles G. Hill

Address

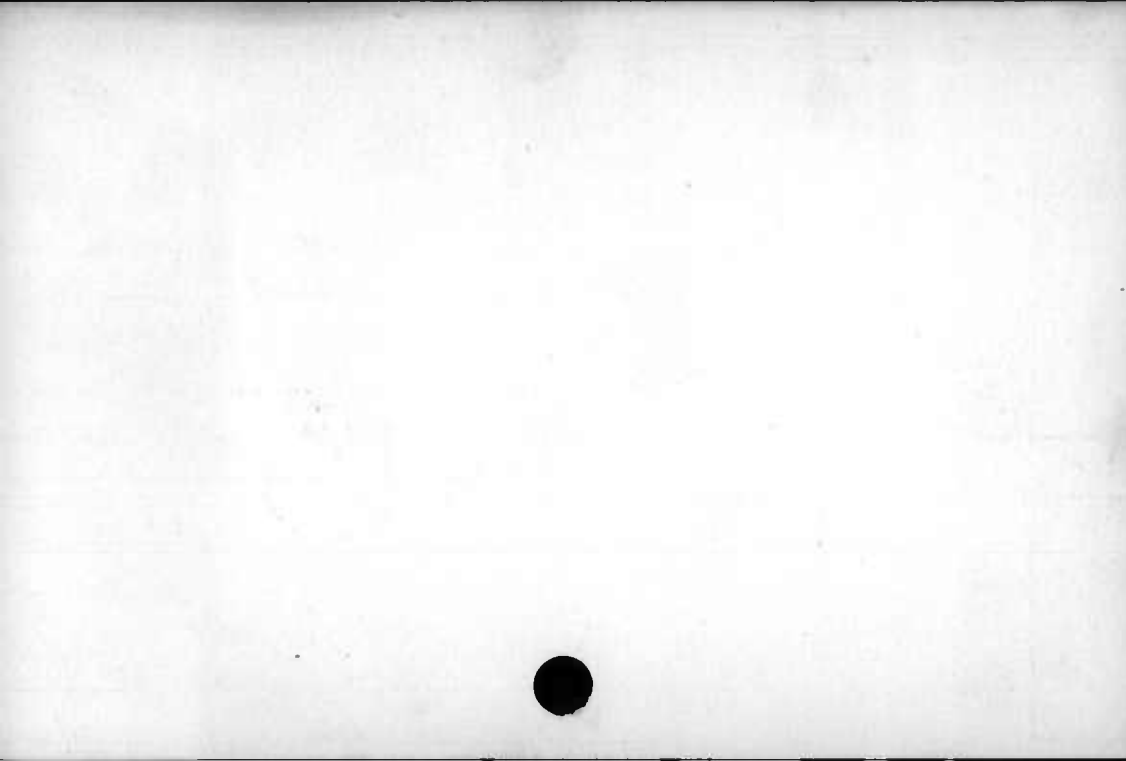
Sta. 2

Accident or Suicide?

Baltimore Md

LIBRARY BUREAU ASSAIG

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Lorita Hediam Supplee

CERTIFICATE OF DEATH

Town

County

Died at 4200 Main ave Forrest Park. Balt. Co. — MARYLAND

Date

of death 1907 Sept

Month

Day

6

Years

Age

25

Months

9

Days

26.

Sex

Female

Color or
Race

white

Birth-
place

Balt. Co.

Occupation

None

Where Residing if not
at place of death

4200 Main ave

Married, Single
or Widowed

Married

Name of
Husband

J. Frank Supplee Jr

Father's
Name

Alfred M. Hediam

Father's
Birthplace

Balt. Co.

Mother's
Maiden Name

Ella B. Haley

Mother's
Birthplace

Cumberland Co.

Name of person giving
Information

J. Frank Supplee Jr

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

30 months.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Lauris Hamman

Address

Dr W. Franklin H.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr. Hamman

21 N. Franklin

E M Mitchell

Bonnie Bray Cemetery

Name
in
Full

CERTIFICATE OF DEATH

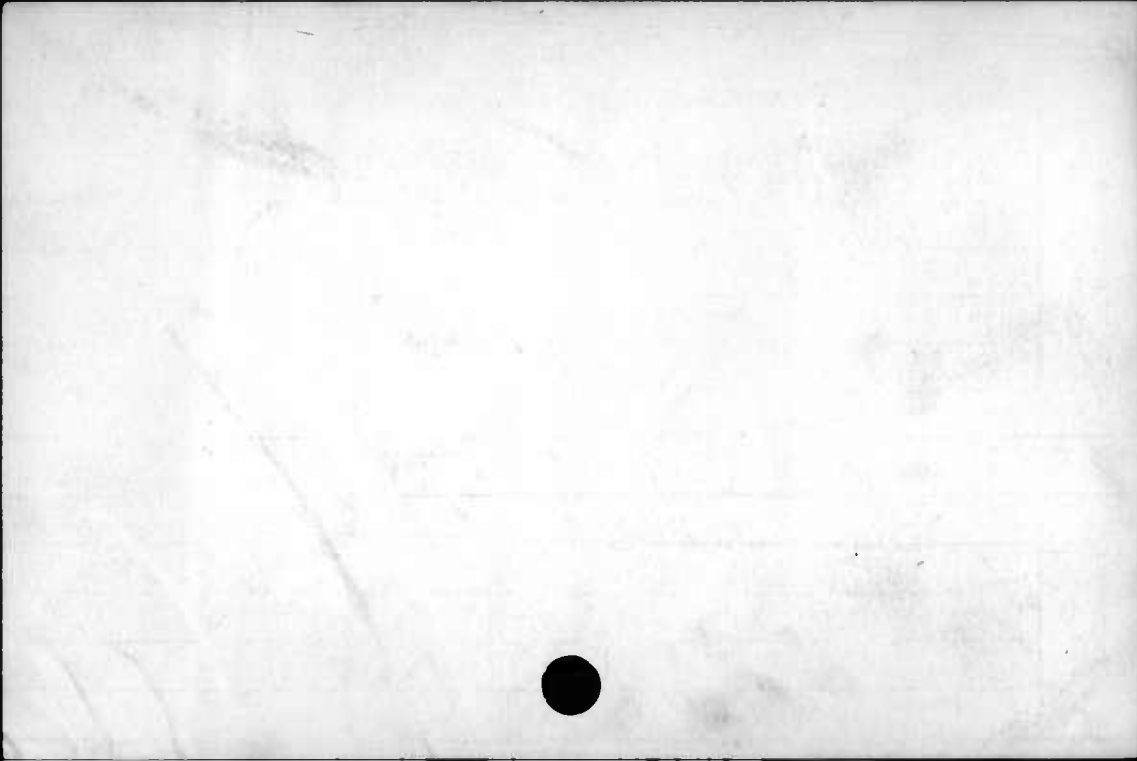
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spanish Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Sept.	Day	7
Sex	Female	Color or Race	White	Age	Years — Months 8 Days —
Occupation	Wms		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Mike Soyok		Father's Birthplace		
Mother's Maiden Name	Mary Asquith		Mother's Birthplace		
Name of person giving information	Mike Soyok		How related to deceased		
Place of Birth <i>Spanish Point</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Colitis</i>	How long	<i>12 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. C. Eldred M.D.</i>
		Address	<i>Spanish Point</i>
Accident or Suicide?			<i>Yes</i>



Name
in
Full

Sarah Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

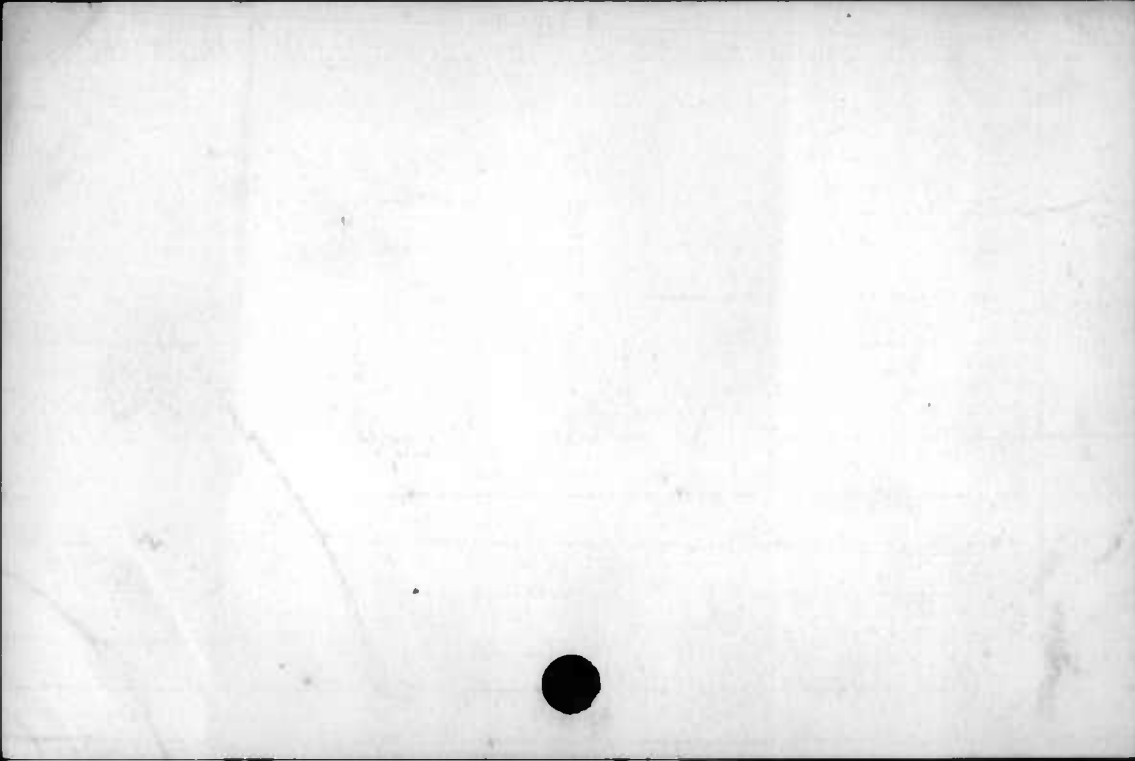
Died at <i>Spinnis Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Sept.	Day	27
Age		Years		Months	8
Sex	Female	Color or Race	White	Birth-place	Spinnis Point
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Robert Thompson			Father's Birthplace	
Mother's Maiden Name	Jenny Fletcher			Mother's Birthplace	Balto.
Name of person giving information	Robert Thompson			How related to deceased	Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>3 months</i>
Immediate	<i>Septicemic Thrombosis</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. C. Elwood M.D.</i>
		Address	<i>Spinnis Point Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Julius Tischer		Town Winston		County Balto		MARYLAND	
Died at Winston		Date of death 1907 Sept.		Day 8		Age 62	
Sex Male		Color or Race White		Birth-place Exford		Days 29	
Occupation Carpenter		Where Residing if not at place of death Winston					
Married, Single or Widowed Married		Name of Wife or Husband Jane Tischer					
Father's Name John Tischer		Father's Birthplace Exford					
Mother's Maiden Name -		Mother's Birthplace -					
Name of person giving information Mrs Tischer		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hemiplegia	How long 2 years
Immediate Cardiac Inanition	How long gradually, 2 yrs
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. S. Carswell
	Address 2 W 25th St
Accident or Suicide? -	

Mr. McEnly

39 E. Fort Ave

Presbyterian Church
Goos

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

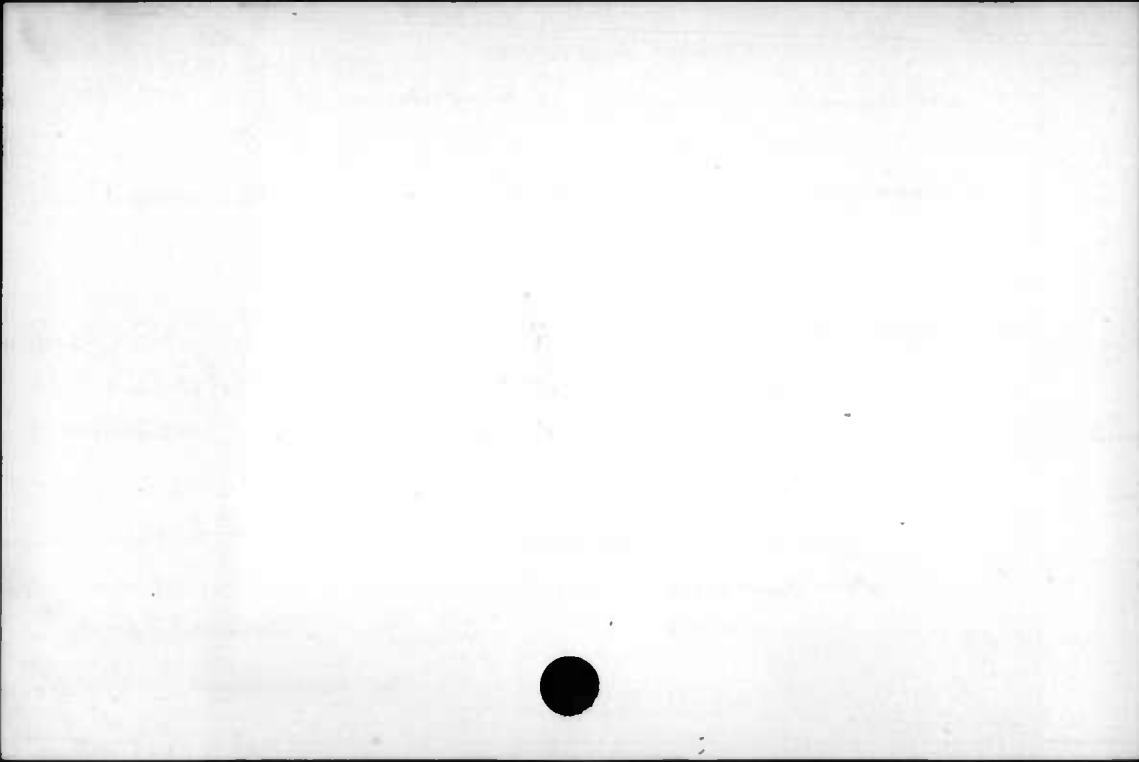
Died at <i>Parkton</i> Town		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	9	Day	10
Age	1	Years	8	Months	27
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Parkton, Md.</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>James G. Trout</i>			Father's Birthplace	<i>York Pa</i>
Mother's Maiden Name	<i>Lizzie E. Rowe</i>			Mother's Birthplace	<i>Laurelton, Md.</i>
Name of person giving information	<i>James G. Trout</i>			How related to deceased	<i>Father Pa</i>

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary	<i>Spasmodic Laryngitis</i>	How long	<i>Four days</i>
Immediate	<i>Convulsions</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. T. Seydel, M.D.</i>
Address	<i>Parkton, Md.</i>		
Accident or Suicide?	<i>9</i>		



Name
in
Full

William Henry White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

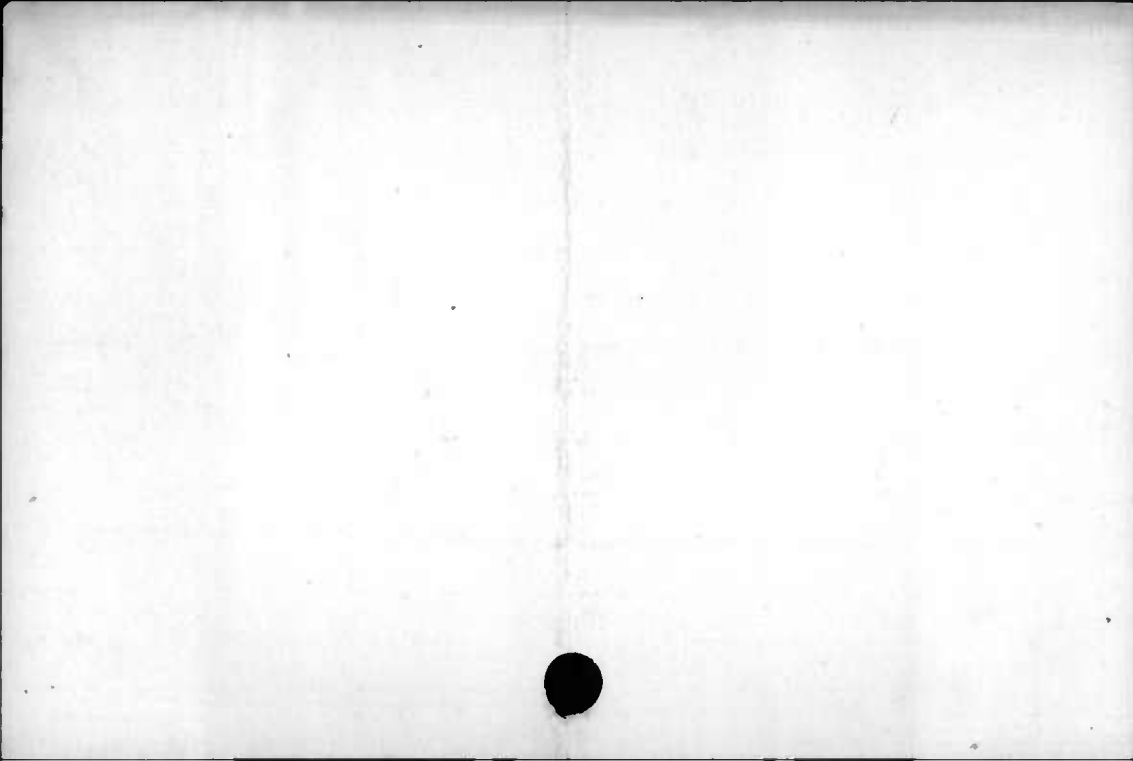
Died at <u>Morrum</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>16</u>	Age <u>76</u>	Months <u>10</u>	Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>White American</u>		Birth-place <u>The Coves' Md</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>—</u>			
Married, Single Widowed		Name of Wife or <u>Miranda Wilson</u>			
Father's Name <u>Andrew White</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Mrs Gousson</u>	Mother's Birthplace <u>America</u>				
Name of person giving information <u>Mrs H Gousson</u>	How related <u>Daughter</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Fracture of left femur</u>	How long <u>7 Months</u>
Immediate <u>Phthisis Pulmonalis. Emotion</u>	How long <u>3 Months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr J. B. P. Banson</u>
	Address <u>Cockeysville Md</u>
Accident or Suicide? <u>9</u>	



Name
in
Full

Mavis Hathings Villhauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Columbille</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>		
Occupation <i>— none</i>		Where Residing if not at place of death <i>2117 Beech St.</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry Villhauer</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mavis Bauer</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Henry Villhauer</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>2 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Chas. H. Magill</i>	
		Address	
		<i>Columbille</i>	
Accident or Suicide?			

Western
Cemetery
Geo A Gerbig
Undertaker.
14 Pulaski St

Name
in
Full

Rose Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>9</i>	Day <i>7</i>	Age <i>24</i>	Months <i>0</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Unknown</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>519 Carlton Ave. Balt. Md.</i>				
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>John J. Fields</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Falling in water</i>	How long <i>172</i>	How long <i>Not Known</i>
Immediate <i>Drowning</i>	<i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>August W. Miller</i>	
	Address <i>Mt. Union</i>	
Accident or Suicide? <i>Accident</i>	<i>Baltimore, Md.</i>	

J. J. Fields
unknown

Name
in
Full

Marjorie F. Waters


CERTIFICATE OF DEATH

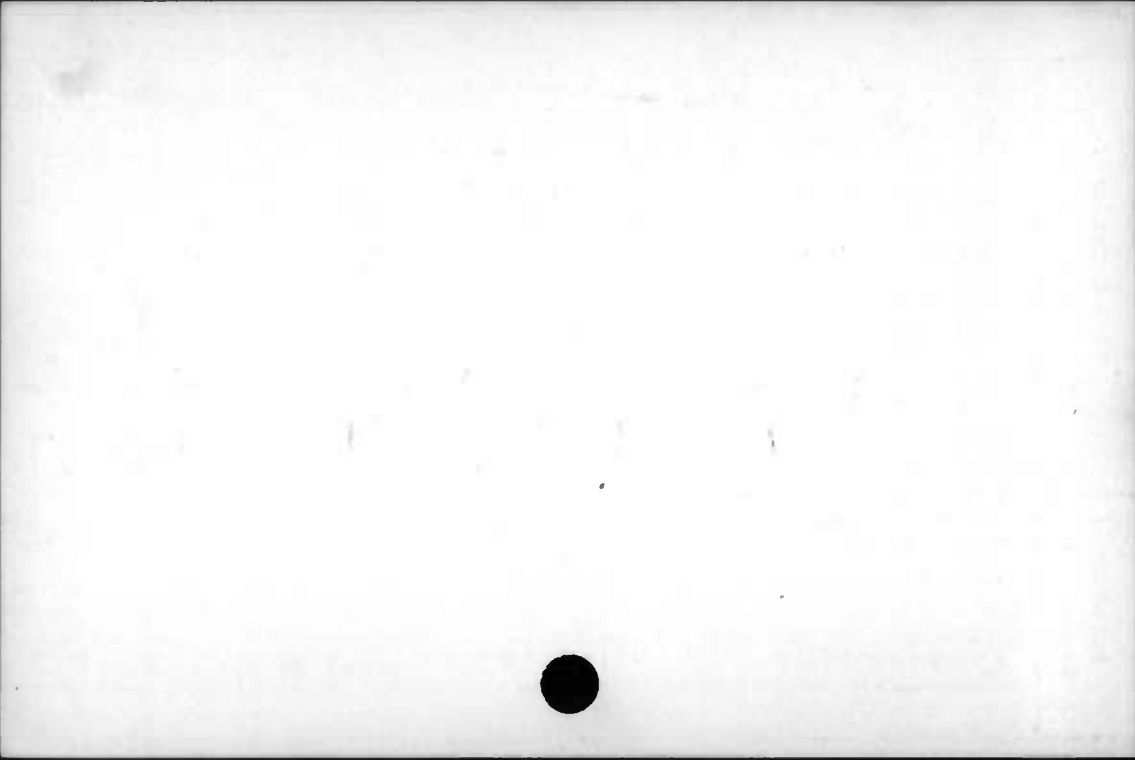
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jacksonville</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>1</i>	Months <i>3</i>	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Balto. Co. Md.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Lawrence Waters</i>			Father's Birthplace <i>Harford Co. Md.</i>		
Mother's Maiden Name <i>Mary J. Ayres</i>			Mother's Birthplace <i>Balto. Co. "</i>		
Name of person giving information <i>Lawrence Waters</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	(179)	How long	<i>4 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician (no medical attendant)		
		Address <i>Thos. H. Emory, D. Monkton, Md.</i>		
Accident or Suicide? <i>no</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Helen Watkins</i>		Town <i>Hereford</i>		County <i>Providence</i>		MARYLAND	
Died at <i>Hereford</i>		Month <i>Sept</i>		Day <i>21</i>		Age <i>1</i>	
Date of death 190 <i>7</i>		Month <i>Sept</i>		Day <i>21</i>		Months <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Hereford Md.</i>		Days <i>19</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>Joseph Johnson</i>		Father's Birthplace <i>Berquica</i>					
Mother's Maiden Name <i>Belinda Woodley</i>		Mother's Birthplace <i>Roxville Md.</i>					
Name of person giving Information <i>William Watkins</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	<i>104</i>	How long <i>for 2- or 3 days</i>
Immediate <i>Convulsions</i>		How long <i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Whitehead</i>	
	Address <i>Mountain Md.</i>	
Accident or Suicide? <i>J</i>		



Name
in
Full

Maria Elizabeth Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orgeles, Md.</i>		County <i>Recess</i>		MARYLAND	
Date of death	1907	Month	9	Day	22
Age	Years	8	Months	16	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Balto</i>
Occupation	Where Residing if not at place of death <i>318 Boulder St</i>				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John M. Wilson</i>			Father's Birthplace	<i>Ma</i>
Mother's Maiden Name	<i>Mrs. Maggie Hoffman</i>			Mother's Birthplace	<i>Ma</i>
Name of person giving information	<i>Mrs. Maggie Wilson</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>3 weeks</i>
Immediate	<i>Diarrhoea</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. L. M. [illegible]</i>
		Address	<i>3rd St. [illegible]</i>
Accident or Suicide?	<i>No</i>		<i>[illegible]</i>

Handel Dippel^d

Name
in
Full

CERTIFICATE OF DEATH

Ellen Nora Stinder

Town

County

MARYLAND

Died at

(near) Sunnybrook

Balto

Date

of death 1907

Month

9

Day

28th

Age

63

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Sunnybrook

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife
Husband

Robert Stinder

Father's
Name

Ralph Thompson

Father's
Birthplace

Mother's
Maiden Name

Mariah Lewis

Mother's
Birthplace

Balto &

Name of person giving
Information

Amanda Lee

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

177

How long

Immediate

Dropsy

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

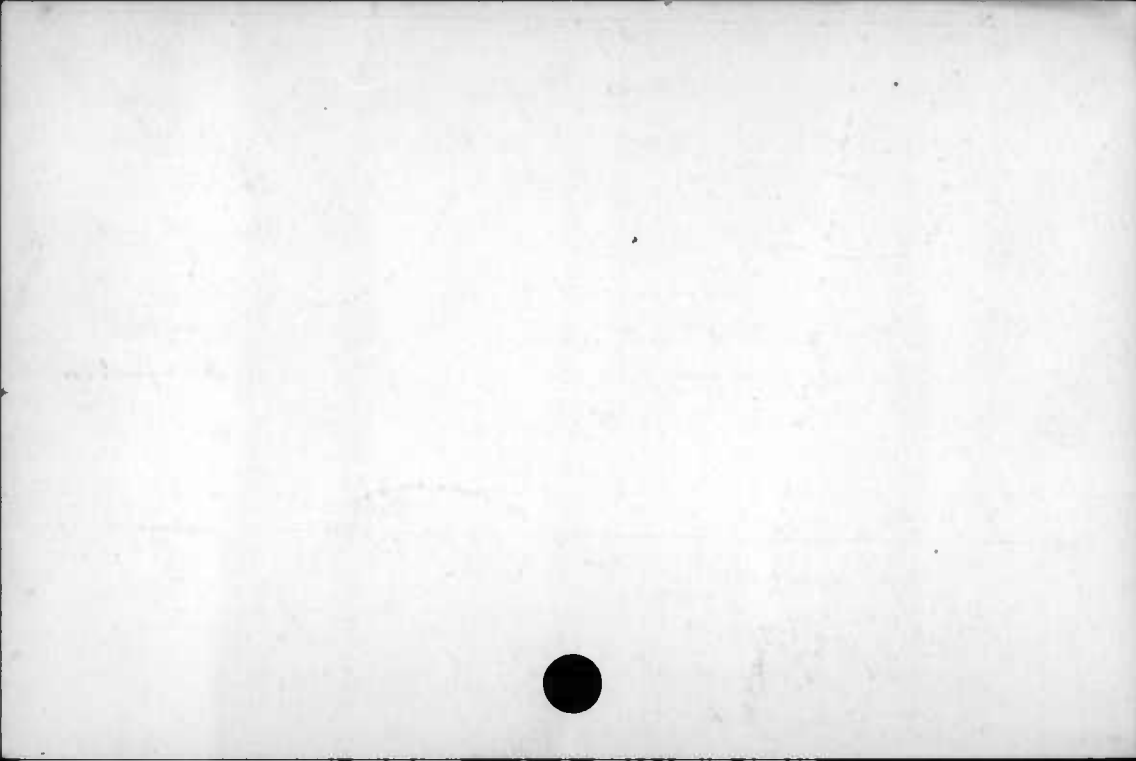
Address

J. T. Payne
Sunnybrook
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full David R. Wright,		CERTIFICATE OF DEATH	
Died at Sheppard & E. Pratt Hosp. Balt.		County Baltimore	
Date of death 1907 Sept. 20		Age 50	
Month Sept.		Days 20	
Sex male		Color or Race White	
Occupation Merchant		Where Residing if not at place of death Baltimore, Md.	
Married, Single or Widowed Widowed		Name of Wife or Unknown	
Father's Name Unknown		Father's Birthplace Unknown	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown	
Name of person giving information Harry D Wright		How related to deceased son.	
CAUSES OF DEATH			
Primary Septicemia		How long 7 days	
Immediate respiratory failure		How long	
Are the name, age, sex, color, date and place correctly given above? - Yes		Signature of Physician Charles Storrar,	
Yes as I know		Address Sheppard Pratt Hospital.	
Accident or Suicide? Neither		Towson, Md.	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Place of Burial
London Park Cemetery

Undertaker
A. C. Fuller
221 N. Broadway

Name
in
Full

Marion Wright

CERTIFICATE OF DEATH

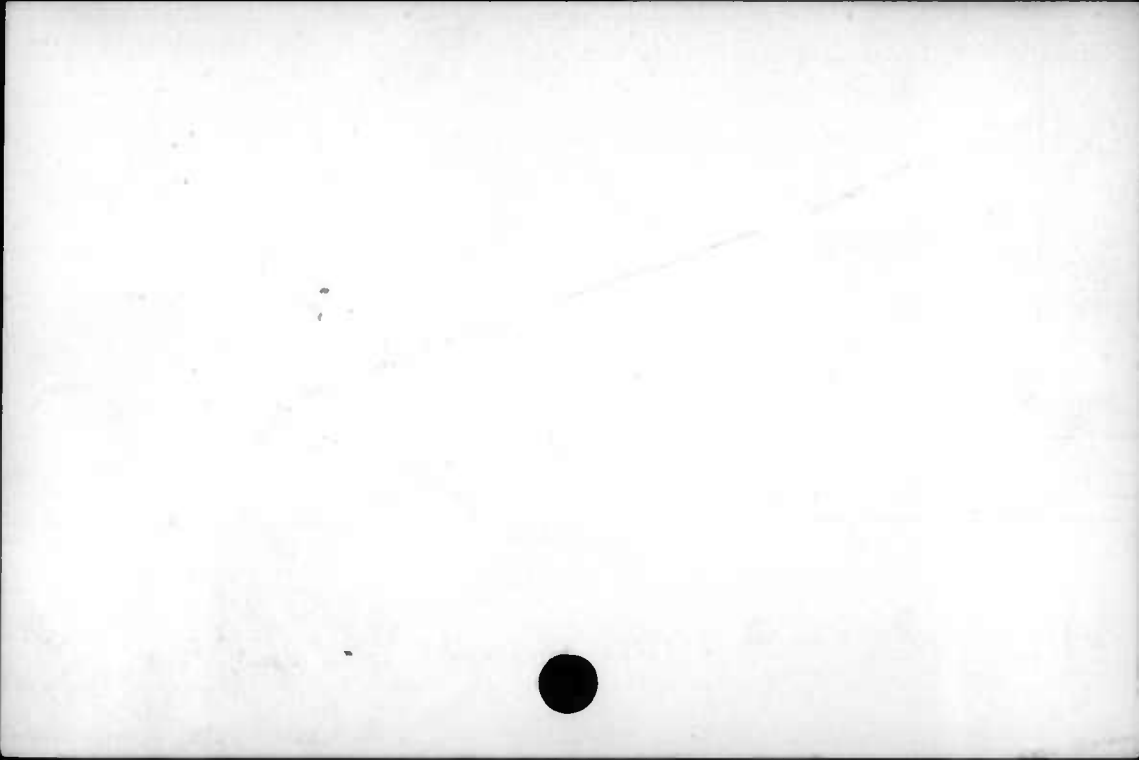
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fullerton		County Baltimore		MARYLAND	
Date of death		1907	Month Sept	Day 28	Age Years	8	Months 17
Sex		Female		Color or Race		white	
Birth- place		Baltimore Co					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				George W. Wright			
Mother's Maiden Name				Lottie Pratt			
Name of person giving In formation				Geo. W. Wright			
Father's Birthplace				Baltimore Co			
Mother's Birthplace				Havre De Grace			
How related to deceased				father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hydrocephalus	How long	2 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	
		Joseph B. Webster MD Ranfeburg	



Name
in
Full

Reuben T. Wright.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stablersville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	<u>Sept.</u> <small>Month</small>	<u>22</u> <small>Day</small>	<u>32</u> <small>Years</small>	<u>7</u> <small>Months</small> <u>22</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Horn's Hand</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Aunnie A. Wilson</u>			
Father's Name	<u>Henry S. Wright.</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Sarah E. Rodgers</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>B. Frank Wright.</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>8 years</u>
Immediate	<u>Typhoid Fever</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. Millard Stirling</u>
		Address	<u>Shane md</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

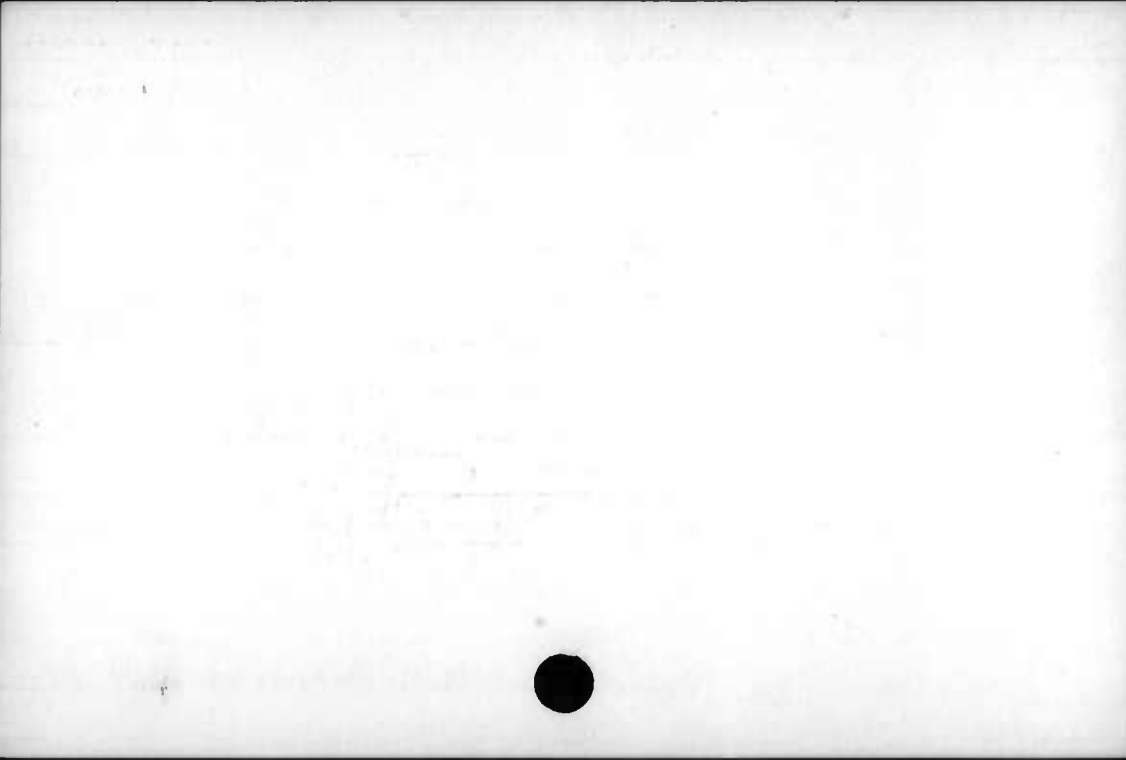
Died at <u>Gardenville</u> ^{Town}		<u>Salti</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	<u>Sept</u> ^{Month}	<u>30</u> ^{Day}	<u>70</u> ^{Years}	<u>9</u> ^{Months}
Sex	<u>male</u>	Color or Race	<u>white</u>	Birthplace	<u>Germany</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death <u>Gardenville P.O.</u>			
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband <u>Barbara Zella</u>			
Father's Name	<u>not known</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>"</u>	<u>"</u>	Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>Mary Zella</u>			How related to deceased	<u>Daughter</u>

CAUSES OF DEATH

1574

PHYSICIAN
OR CORONER

Primary	<u>old age / Senile Decay</u>	How long	
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Wm D. Corcoran</u>	
		Address	
		<u>Sanctuary Office 14th St</u>	
Accident or Suicide?			



Name
in
Full

Unknown white man.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockland		County Baltimore		MARYLAND	
Date of death	1907	Month Sept	Day 24	Years unknown	Months unknown	Days unknown	
Sex	male		Color or Race	white		Birth-place	unknown
Occupation	unknown		Where Residing if not at place of death		unknown		
Married, Single or Widowed	unknown		Name of Wife or Husband	unknown			
Father's Name	unknown					Father's Birthplace	unknown
Mother's Maiden Name	unknown					Mother's Birthplace	unknown
Name of person giving information	William A. Martin					How related to deceased	no relation

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	unknown	How long	unknown
Immediate	unknown	How long	unknown
Are the name, age, sex, color, date and place correctly given above?	not known	Signature of Physician	C. H. Halliday, Emich
		Address	Arlington, Md
Accident or Suicide?	accident.		

